

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): <input type="text"/> *Other (Specify) <input type="text"/>																	
*3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/> N/A																			
5a. Federal Entity Identifier <input type="text"/> SMX 060048-02			*5b. Federal Award Identifier: <input type="text"/>																		
State Use Only:																					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>																			
8. APPLICANT INFORMATION																					
*a. Legal Name: <input type="text"/> WA State Dept of Social & Health Svcs, Aging & Disability Svcs, Admin, Div of Beh.Health & Recovery																					
*b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 91-6001088			*c. Organization DUNS: <input type="text"/> 96-2124509																		
d. Address																					
<table style="width: 100%;"> <tr> <td style="width: 15%;">*Street1:</td> <td><input type="text"/> PO Box 45330, 626 - 8th Avenue SE</td> </tr> <tr> <td>Street2:</td> <td><input type="text"/></td> </tr> <tr> <td>*City:</td> <td><input type="text"/> Olympia</td> </tr> <tr> <td>County:</td> <td><input type="text"/> Thurston</td> </tr> <tr> <td>*State:</td> <td><input type="text"/> Washington</td> </tr> <tr> <td>Province:</td> <td><input type="text"/> N/A</td> </tr> <tr> <td>*Country:</td> <td><input type="text"/> U.S.A.</td> </tr> <tr> <td>*Zip/Postal Code:</td> <td><input type="text"/> 98504</td> </tr> </table>						*Street1:	<input type="text"/> PO Box 45330, 626 - 8th Avenue SE	Street2:	<input type="text"/>	*City:	<input type="text"/> Olympia	County:	<input type="text"/> Thurston	*State:	<input type="text"/> Washington	Province:	<input type="text"/> N/A	*Country:	<input type="text"/> U.S.A.	*Zip/Postal Code:	<input type="text"/> 98504
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e. Organizational Unit																					
Department Name: <input type="text"/> DSHS Aging & Disability Services Administration			Division Name: <input type="text"/> Division of Behavioral Health and Recovery																		
f. Name and contact information of person to be contacted on matters involving this application:																					
<table style="width: 100%;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 25%;"><input type="text"/> Mr.</td> <td style="width: 15%;">*First Name:</td> <td style="width: 45%;"><input type="text"/> C.</td> </tr> <tr> <td>Middle Name:</td> <td colspan="3"><input type="text"/> H. "Hank"</td> </tr> <tr> <td>*Last Name:</td> <td colspan="3"><input type="text"/> Balderrama</td> </tr> <tr> <td>Suffix:</td> <td colspan="3"><input type="text"/> MSW</td> </tr> </table>						Prefix:	<input type="text"/> Mr.	*First Name:	<input type="text"/> C.	Middle Name:	<input type="text"/> H. "Hank"			*Last Name:	<input type="text"/> Balderrama			Suffix:	<input type="text"/> MSW		
Prefix:	<input type="text"/> Mr.	*First Name:	<input type="text"/> C.																		
Middle Name:	<input type="text"/> H. "Hank"																				
*Last Name:	<input type="text"/> Balderrama																				
Suffix:	<input type="text"/> MSW																				
Title: <input type="text"/> State PATH Contact																					
Organizational Affiliation: <input type="text"/> N/A																					
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*Email: <input type="text"/> baldech@dshs.wa.gov																					

9. Type of Applicant 1: Select Applicant Type:

A--State Government

Type of Applicant 2: Select Applicant Type:

N/A

Type of Applicant 3: Select Applicant Type:

N/A

* Other (specify)

10. Name of Federal Agency:

SAMHSA Center for Mental Health Services, Homeless Branch

11. Catalog of Federal Domestic Assistance Number

93-150

CFDA Title:

Projects for Assistance in Transition from Homelessness (PATH)

***12. Funding Opportunity Number:**

SM-10-F2

*Title:

PATH Formula Grant Program for Homeless Mentally Ill

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Clallam, Clark, Cowlitz, Benton, Franklin, King, Pierce, Snohomish, Skagit, Spokane, Thurston, Whatcom, Yakima

15. Descriptive Title of Applicant's Project:

Washington State PATH Application FFY 2011

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

WA-003

b. Program/Project

WA All

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date:

July 1, 2011

b. End Date:

June 30, 2013

18. Estimated Funding(\$):

*a. Federal

\$1,304,000

*b. Applicant

*c. State

*d. Local

*e. Other

\$442,995 Match

*f. Program Income

*g. TOTAL

\$1,746,995

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐

a. This application was made available to the State under the Executive Order 12372 Process for review on

☐

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒

c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)**☐

Yes

☒

No

21. ***By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

☒**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix:

Ms.

*First Name:

Susan

Middle Name:

N.

Last Name:

Dreyfus

Suffix:

*Title:

Secretary, DSHS, Governor's Delegate

*Telephone Number:

(360) 902-7800

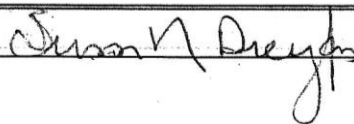
Fax Number:

(360) 902-7848

*Email:

susan.dreyfus@dshs.wa.gov

*Signature of Authorized Representative:



Date Signed:

5-19-11

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**Washington State PATH Application FFY 2011
State Summary**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		694,253	179,268			873,521
b. Fringe Benefits		200,446	64,666			265,112
c. Travel		17,789	1,254			19,043
d. Equipment		3,254	500			3,754
e. Supplies		19,586	6,369			25,955
f. Contractual		121,271	2,572			123,843
g. Construction		0	0			0
h. Other		168,429	133,200			301,629
i. Total Direct Charges (sum of 6a - 6h)		1,225,028	387,829			1,612,857
j. Indirect Charges		78,972	71,320			150,292
k. TOTAL (sum of 6i and 6j)		1,304,000	459,149			1,763,149
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
NOTE: PATH Other (6.h) is a total of 48,319 all projects + 70K DVA Reserve + 52,110 DBHR reserve					
NOTE: PATH Indirect (6.i) charge is a total of 26,812 all projects + 52,160 DBHR Reserve					
NOTE: Match Other (6.h) is total of 73,948 all projects + 59,252 Match for DVA and DBHR Admin, Reserve					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:	22. Indirect Charges:				
23. Remarks					

**Washington State PATH Budget
Federal Fiscal Year 2011**

(Pending Congressional Budget Passage)

**FFY 10 Allocation (Assumed
to be level funding for FFY 11** 1,304,000
Required Match @ 33.3% 434,232
Total State PATH Budget FFY
11 1,738,232

	FFY 10 Base for Contracts Beginning Oct 1, 11	Base Funding Percent of Awarded Funds	Indirect Award for NW Res Assoc.	Base Funding Plus Data Collection	Palm Pilots per Agency	Allowance for Palm Pilots	Direct and Indirect Awards	MATCH AT 34%	Recipient Budget Totals
Clark--Community Svcs NW	60,000.00	5.74%	4,704.83	64,704.83	2	250	64,955	22,085	87,039
Gtr Columbia--Comprehensive	52,821.27	5.06%	4,141.92	56,963.19	2	250	57,213	19,452	76,666
Gtr Columbia--Lourdes	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
King--DESC	124,616.84	11.93%	9,771.68	134,388.52	0	0	134,389	45,692	180,081
King--Seattle Mental Health	134,652.87	12.89%	10,558.65	145,211.51	2	250	145,462	49,457	194,918
N. Sound--Compass Health	138,570.42	13.26%	10,865.84	149,436.25	2	250	149,686	50,893	200,580
N. Sound--Whatcom Psych	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
Peninsula	51,082.05	4.89%	4,005.54	55,087.59	2	250	55,338	18,815	74,152
Pierce--Comprehensive	90,926.57	8.70%	7,129.90	98,056.47	2	250	98,306	33,424	131,731
Pierce--Greater Lakes	96,938.25	9.28%	7,601.30	104,539.55	2	250	104,790	35,628	140,418
Southwest	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
Spokane	98,087.27	9.39%	7,691.40	105,778.67	2	250	106,029	36,050	142,078
Thurston Mason	61,500.00	5.89%	4,822.45	66,322	2	250	66,572	22,635	89,207
Totals	\$1,044,803	100.00%	\$81,927	\$1,126,730	24	\$3,000	\$1,129,730	\$384,108	\$1,513,838

(Proof) 1,126,730 (Proof) 3,000
(Proof) 1,129,730 384,108
(Proof) 1,513,838

Washington State 2011 PATH Application
State Budget Worksheet

Summary			
	Award	Match	
Federal Award	1,304,000		
Minimum Match		434,232	33.30%
Base Awards plus Palm Pilot Equipt	1,047,803	384,108	
NW Resource Assoc (NWRA)	81,927		
Sub-total	1,129,730	384,108	
MHD Admin @ 4%	52,160	17,369	
Sub-total	0 1,181,890	401,477	
Special Projects, State DVA	70,000	23,800	
Total	1,251,890	425,277	
Reserve	52,110	17,717	
	1,304,000	442,995	33.97%
Total Washington PATH Budget			\$1,746,995

Notes

1. PATH projects receive level funding. This budget is based on possible revision due to Congressional passage of FFY 11 federal budget, which has not occurred as of this date.
2. Minimum funding base is \$45,202 plus allowance for data collection and Palm Pilot Equip.
3. Each agency is assessed a participation amount towards the cost of Palm Pilot data collection. The amount received is based on the percentage of the total awarded funds received by the project e.g. receive 10% of funds awarded, are assessed 10% of NW Res. Assoc project costs, which must be matched.
4. Each agency is required to contribute non federal funds at 34% of total base award and Palm Pilot Allocation as match; MHD awards one contract to NW Resource Associates; agencies receive service.
5. Special project funds are for a State Department of Veterans Affairs (DVA) project
6. Reserve is anticipated to assist in costs of transition to HMIS reporting system.

SF 424 A
Budget Narrative

The Washington State Division of Behavioral Health and Recovery (DBHR) will contract with nine regional mental health authorities, known as regional support networks (RSNs) directly for the provision of services funded through the Projects for Assistance in Transition from Homelessness (PATH). All RSNs will sub-contract with at least one state licensed, private, non-profit mental health center to deliver services; four will sub-contract with two agencies. Thirteen projects are operating now and will operate into the coming year.

Centralized data collection and management will continue to be contracted through Northwest Resource Associates (NWRRA). That agency was contracted to conduct an initial review and plan to transition Washington's PATH data collection to HMIS standards and will continue implementation activities. A Peer Review Process also will continue, also through NWRRA.

The Washington Department of Veterans Affairs (DVA) that delivers SOAR and veterans benefits access training will continue to be supported with funds identified as reserve in the budget table.

Match funds are available at the beginning of the award. Please refer to cover letters from each of the RSNs in Section C, Local Provider information of this application. Federal funding to DVA also will be matched.

All RSNs assure local match. Match funds come from the RSN in cash, from the local agency in cash or in kind, or from a combination of the two. The DBHR has established a practice requiring RSNs to submit amount of match provided with each claim for PATH funding.

All projects will receive level funding for the coming year.

Each project is assessed costs for contribution to a data collection contractor. Costs are proportionate to the amount of PATH funds awarded to the individual RSN. Federal funds also are awarded to cover the cost for data collection; RSNs must contribute non-federal match.

Administrative costs are budgeted at 4% of federal funding, a total of \$52,160. Those funds will be used for local and national and local PATH eligible training and Peer Reviews. The total Indirect in the SF 424 is higher, because some programs claimed Indirect in their budget proposals

The state total of \$170,429 for "Other" is a total of \$48,319 from all individual project budgets, \$70,000 for a DVA project and a reserve of \$52,110. Indirect Costs, \$78,972 are a total of \$26,812 from all projects plus \$52,160 State Indirect.

Individual project SF 424 Match commitments will total higher than the amount required but are not reflected officially in this application's face sheet.

Funds will not be used to support emergency shelters, for inpatient psychiatric or substance abuse treatment or to make cash payments to intended recipients of mental health or substance abuse services.

Section A Executive Summary

Organizations to Receive Funds

The Washington State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR), is the State PATH recipient and administers the project statewide. It contracts with regional mental health authorities composed of single or multiple county groups, known as regional support networks (RSNs) to deliver services. The RSNs provide local oversight and sub-contract with local, state licensed private, non-profit mental health agencies to provide services directly. All participating RSNs will contract with at least one mental health agency. Four RSNs will contract with two providers. There are thirteen (13) provider agencies in large urban as well as in rural areas. A SOAR training project in partnership with the Washington Dept of Veterans Affairs (DVA) will continue into next year. Northwest Resource Associates is a key project feature for data collection, peer review and transition to HMIS data standards use.

Service areas

The RSNs and providers are as follows.

- Clark RSN—Community Services North West (US), Vancouver, WA
- Greater Columbia RSN—Central WA Comprehensive MH, Yakima (SR), and Lourdes Counseling, Richland (SR)
- King RSN--Downtown Emergency Service Center, Seattle (UR), and Seattle Mental Health, Auburn (SU)
- North Sound RSN --Compass Health, Everett,(UR/R) Whatcom County Psychiatric Clinic, Bellingham (UR/R)
- Peninsula RSN—West End Outreach Services, Forks (R)
- Pierce County--Comprehensive Mental Health , Tacoma, (UR) and Greater Lakes MHC, Lakewood (SR)
- Southwest RSN, Lower Columbia MHC, Longview (UR/R)
- Spokane RSN--Spokane Mental Health and REM, Spokane (UR)
- Thurston-Mason RSN—Behavioral Health Resources, Olympia (UR/R)
- WA Dept of Veterans Affairs—Kitsap County (UR)

(UR = Urban; SU = Suburban/Semi-Rural SR = Urban city with rural service areas; R = Rural) A map is provided with this application, which displays the location of RSNs and providers. See page 25.

Services to be Supported by PATH Funds

Please refer to Washington State Summary of Providers awards, on page 26.

Supported Services; Number of person contacted; and Number of persons served:

All services to be supported, numbers of people contacted and number served are listed on page 26 of this application, Washington State Summary of Provider Awards and Services. A total of 4,806 individuals who will be contacted, all projects will ensure that at 75% of those served are literally homeless.

Major Activities to promote use of PATH funds to serve eligible and literally homeless individuals include close monitoring of data, informational messages to projects and provision of technical assistance.

Major Strategies to target street outreach and case management as priorities will include use of performance based contract terms.

TA and Training Activities SOAR and VA benefits training will continue. A project to plan for transition to HMIS data standards is being completed and will be implemented in the coming year.

Section B
State-Level Information

1. State Operational Definitions

Washington State operational definitions have been shaped in various ways. Federal definitions of homeless, imminent risk, serious mental illness and co-occurring mental illness and substance use disorders are foundations for local practice. In addition, the Washington State PATH is co-chair of the national PATH Administrative Work Group that developed national guidelines.

In FFY 2009, Washington voluntarily adopted the service definitions of the PATH Administrative Work Group (AWG) and is using them currently as their reporting base. The most recently revised definitions recommended for use by the

The following definitions used in Washington are consistent with Center for Mental Health Service federal definitions.

- A. Homeless means an individual who:
 - lacks housing, a fixed, regular and adequate night time residence, or
 - has a primary night-time residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
 - an institution that provides a temporary residence for individuals; or
 - a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- B. Imminent risk of becoming homeless is defined as "at risk of becoming homeless", and includes: a) individuals (with a serious mental illness or co-occurring substance use disorder) or families (with an immediate family member who has a serious mental illness) who have a recent history of homelessness; b) an individual or family that is currently "doubled up" or are otherwise temporarily and/or inadequately housed in a residence that is not their own; c) a person living in inadequate housing or who may be at risk of becoming homeless in the near future; d) a person who is being discharged from a health care or criminal justice facility without a place to live.
- C. Serious mental illness means an adult (age 18 or over) individual with a diagnosable and persistent mental or emotional impairment that seriously limits the person's major life activities and/or ability to live independently. For purposes of outreach and engagement, the individual may exhibit symptoms of serious mental illness.
- D. Co-occurring serious mental illness and substance abuse disorders involve individuals who have at least one serious mental illness and a substance use disorder. The mental disorder and substance use disorder can be diagnosed independently of one another.
- E. Substance Abuse is defined by Washington Administrative Code (WAC) 388-805-005 as, "recurring pattern of alcohol or other drug use that substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social."

See Appendix A for the balance of definitions used by Washington, based on national AWG recommendations.

2. Number Of Homeless Mentally Ill By Region

There are thirteen local mental health authorities in Washington State. Originally, there were fourteen. In 2006, North Central and North East Washington RSNs combined. In 2008, Pierce RSN decided it would no longer serve in that capacity in 2009, the former Mental Health Division (MHD), now a part of Division of Behavioral Health and Recovery (DBHR) conducted a competitive procurement process for a county or privately based entity to serve as the Pierce County RSN. The successful bidder was United Behavioral Health, doing business as Optumhealth in Tacoma, Washington. Optum is a private, for-profit organization.

With the exception cited immediately above, the RSNs are composed of individual or multiple counties that operate through inter-local agreement, with one county serving as the administrative agent. People who are unable to work previously might turn to the resource of General Assistance to the Unemployable (GAU), which was classified GAX for people who were presumed to be eligible for SSI or SSDI in the interim while Social Security benefits were being secured.

Appendix B displays the number and percentage of people without Medicaid who were served in Washington, by RSN, from state fiscal year (SFY July 1, through June 30) 2006 through 2008. The reader's attention is drawn to the fact that there is very close coincidence of the location of PATH projects around the state to areas where there are higher rates of people without Medicaid.

This statistic is notable in that PATH projects have the ability to conduct outreach and engagement for people who may be eligible but who do not have disability or health benefits. While the number of people statewide without Medicaid benefits has dropped, PATH services are intended to assist eligible to access those services and transition into mainstream mental health and other needed services.

Appendix C indicates the number of homeless people served in the public mental health system from SFY 2006 through 2008. It presents a pattern similar to that of Appendix B. There was a drop in the number of homeless people served from 2008 compared to 2007 and 2006. Additional investigation is needed, but it appears that PATH projects may have served to assist PATH eligible people to access mental health services.

There are PATH projects in eight of the nine RSNs with highest percentages and numbers of projected homeless mentally ill people. For a graphic display of PATH project locations, please refer to the state map that displays RSNs and project locations. The display is located in this application on page 23 following the State Level Information narrative.

Each PATH project is responsible to determine the number of people to be served. The number is based partially on local need for services and partially on the approach to provision of services determined by the local project, in accordance with local need. Some projects have a tendency to serve fewer people more intensely; others have a tendency to serve fewer people and to refer for services more quickly. The range people served may change among projects that serve many in the coming year. Greater emphasis will be placed serving people who are literally homeless and on transitioning clients to housing and services.

Washington State 2011 PATH Application State Level Information

3. PATH Allocations

a. Allocations In Relation To Need For Services

Under current state law, DBHR contracts with RSNs for delivery of crisis, inpatient and outpatient mental health services. DBHR requires that PATH awards be contracted to RSNs, which then sub-contract with state licensed mental health agencies to deliver PATH services. The arrangement of working through RSNs provides for consistency in contracting procedures. RSNs, already responsible for monitoring sub-contracted provider agencies, assign an RSN PATH contact to provide local contact and monitoring. Applications for funds are submitted through RSNs, although provider agencies contribute to the process by contributing information about capacity and intent.

This requirement provides for a “ready made” supportive environment of mental health consultation and adjacent services for PATH outreach workers to access on behalf of their clientele. It also promotes the transition of a person from PATH enrollment to enrollment in the local mental health system of care.

From FFY 2002 through 2004, Washington realized a significant increase in funding, going from \$640,000 annually to \$1,304,000 in FFY 2010. That enabled the expansion of services to several areas previously un-served, and resulted in four additional projects starting in April between 2004 and 2006. The newest project started in April 2011. There has been stability among contractors for the last three years. Among the twelve projects, three have been in operation more than ten years; three have operated more than five years; six have begun operating in the last four years.

Washington has been involved in promoting SSI/SSDI Outreach Access and Recovery (SOAR) for the last several years. A joint training project was stage jointly in March 2005, with the state PATH contact in Oregon. The project brought together a varied group of people who are responsible to serve homeless mentally ill people, which included RSN and PATH project staff, Social security Administration staff, personnel from Department of Social and Health Services Community Service Offices (who process applications for benefits that lead to determinations of disabilities), corrections staff, state hospital staff and conducted a two day training through technical assistance afforded through CMHS. DBHR also has assisted staff from Washington, who attended SOAR train the trainers training in Washington, D.C. in December 2005, to arrange training for PATH and other providers of services to homeless people.

DBHR established what is considered a unique partnership with the Washington Department of Veterans Affairs (DVA) to conduct a SOAR related project. The project began in June 2006. A DVA staff person conducts a training and technical support project.

Initially the DVA staff person organized and delivered half-day training sessions for people who provide housing and supportive services to homeless people. The training was based on the SOAR model. In addition, information was provided to training participants about SSI and SSDI benefits available to homeless people who are disabled. The project also provided information to providers of homeless services about general requirements for veterans to access VA benefits. Thus there was the combined utility of educating people both about federal disability benefits available to PATH clients and potential clients and the additional capacity to provide education about veterans' benefits to PATH clients as well.

Washington State 2011 PATH Application State Level Information

The second initial feature of the DVA project was the provision of technical assistance to PATH staff who are assisting homeless, mentally ill people to apply for disability and other benefits. The DVA staff person provided technical assistance to people serving PATH eligible consumers, when PATH project staff or others are assisting in the establishment of a disability application packet.

Following two years of this approach, a change was made. This was based partly on the lack of ability to demonstrate how many individuals, PATH eligible or otherwise, ultimately received disability or other benefits as a result of the DVA training. In the current year of PATH operations in Washington, the approach has been to focus more on training and technical assistance to PATH projects specifically. Recently a two day training session was staged. The first day was specifically for PATH staff and SOAR trainers; it focused on current revisions to disability benefits and data reports of people served and outcomes. The second day added staff from Community Service Offices (public assistance offices) and resulted in formulation of regional plans to streamline application process among PATH and other providers with the state public assistance administration. Follow up will be conducted through the state DVA and the national technical assistance center delivering SOAR training nationwide.

The connection with the state DVA is important, because Washington PATH projects historically have had limited success in assisting homeless veterans to gain access to VA benefits. The link with DVA has provided a critical link to improving service coordination.

Funds have been allocated since 2003 to fund a data collection service. It is operated by Northwest Resource Associates (NWRA) and uses a Palm Pilot based platform. As the number of PATH projects have increased, so has the limited costs of this project. It will continue into the coming year at level funding.

For the last seven years, a small reserve has been built into the Washington budget. The reserve has been used for unanticipated needs and generally has been less than 2% of the annual allocation. In the last three years, reserve funds were expended to fund operations provided by state DVA staff. They also were expended to support costs of a peer review project, in which on site management reviews of agencies are conducted based by and RSN PATH contact and PATH project manager from outside the area of the project being reviewed. This process is conducted through a contract with NWRA.

In December 2009, CMHS PATH staff announced that SAMHSA has decided that PATH projects must begin a transition to use of the Homeless Management Information System (HMIS) data set. In 2010, Washington used a portion of those funds to support an initial study into current level of preparedness to transition to use of Homeless Management Information System (HMIS) data report standards and what steps are necessary to conduct a complete transition. This project also is contracted to NWRA, which will continue the implementation process into the coming year. Transition is expected to be complete in approximately eighteen months or by the beginning of FFY 2013.

b. Consideration In PATH for Entities With Demonstrated Success in Serving Homeless Veterans

In addition to the statements in 3.a., above, about special arrangements with the state Division of Veterans Affairs to provide training, announcements are made annually at an in-person meeting of PATH recipients (RSN PATH contacts and PATH project managers statewide) in

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preparation for the annual federal application for funds process (CMHS Request for Applications.) Part of the announcement includes the IUP questions and format from the annual federal application for states for PATH funds. The IUP in the DBHR application process includes a question for respondents to indicate whether and how they might demonstrate effectiveness in serving homeless veterans. PATH recipients are reminded of the importance of engaging homeless veterans. Staff from the Washington Department of Veterans Affairs attend the annual PATH recipients meeting and provide veteran specific information for PATH recipients.

Nationally the federal Veterans Administration (VA) has committed significant amounts of funding to address homeless among veterans, especially those who have participated in the Iraq and Afghanistan conflicts. The VA has decided to focus efforts in a few states, and Washington is one of them. The lead staff that coordinates with PATH and manages the training project also is the state DVA staff who is responsible to coordinate efforts to bring additional resources and planning for homeless veterans in this state. While those efforts are recent and still in initial stages, we anticipate being more involved and affording PATH projects opportunities to be involved in outreach and engagement and in working more closely with additional DVA staff in various locations to provide PATH services to veterans.

In addition to the funds contracted to the DVA for SOAR related training, a small amount of funds also are contracted to a transitional housing project operated by DVA. Those funds are used for partial support of an outreach worker-case manager, which has resulted in an increase in the number of veterans served in this state.

4. Services and State Comprehensive Mental Health Plan

The Washington State comprehensive mental health plan is developed and guided by the State Mental Health Planning and Advisory Council (MHPAC). It is revised on an annual basis. MHPAC has representation from people who serve homeless mentally ill among its membership.

The Council has continued to be active this year in supporting the work of the federal transformation grant initiative. Washington was one of the seven states initially to receive a five-year mental health transformation grant. Although the funds were awarded to Washington through the Governor's office, the Mental Health Transformation Grant (TWG) project and all staff were stationed in the headquarters office of the former Mental Health Division.

A significant number of sub-committees and workgroups were established through the work of the TWG. Among them is a workgroup on homeless, mentally ill people, the Mental Health Housing Consortium. That group has been active in promoting development of resources and services for homeless mentally ill people in this state. Among those activities was the creation of a plan to develop additional housing resources.

Although the original TWG has expired, Washington applied for and received funds for a continuation Transition Grant. It focuses on serving people who are homeless and mentally ill, with an emphasis on housing first. Projects are located in two RSNs and are coordinating with PATH staff.

The state PATH contact coordinates is now also the DBHR Mental Health Block Grant (MHBG) state planner. He works closely with the Mental Health Planning and Advisory Committee (MHPAC) in the coordination of PATH and federal block grant funds. The PATH contact is a

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member of the Balance of State Continuum of Care Committee and coordinates service planning with that committee also.

The MHPAC designates priority populations annually for RSNs to consider in their regional decisions about how MHBG funds will be used locally. One of the priority populations established for the last two years has been people who are homeless, especially in rural areas of the state.

Use of Funds Consistent with State Plan to End Homelessness

In 2005, the state legislature passed the Homelessness Housing and Assistance Act, which required each of the 39 counties in Washington to develop a plan to end homelessness. Each county is responsible to reduce homelessness by 50% by 2015, conduct an annual Point in Time Count and report to the state department of Commerce. In addition, the state passed legislation that uses a portion of document recording fees to reduce homelessness by distributing funds to counties.

The state Department of Commerce has major responsibility to Work with the Interagency Council on Homelessness (ICH) and Affordable Housing Advisory Board (AHAB) to develop a ten-year plan to reduce homelessness by 50 percent by 2015. Commerce also produces an annual report on the performance measures used to measure state and local plan implementation, provides technical assistance to counties and implements Homeless Management Information Systems (HMIS) to collect client data used to measure program, county and state performance.

There are six independent Continua of Care among larger counties which include Clark, King, Pierce, Snohomish, Spokane and Yakima. The other Thirty three counties belong to the Balance of State Continuum of Care. Each of the thirteen PATH projects in the state participates actively in the local C of C and is active in promoting the local county plan to end homelessness.

Use of Mental Health Block Grant Funds

In four of the last six years, federal Mental Health Block Grant (MHBG) grant funds were used to support facilitated planning sessions in various parts of the state to address services to homeless people. Common Ground, a well-established private, non-profit housing specialty agency conducted the planning in RSNs designated by the state PATH contact. The planning sessions occurred primarily in locations where there was no current PATH project. Last year's planning is being conducted in a mainly rural RSN in southwest Washington in where there are limited resources to address homelessness.

RSNs were offered assistance in determining local housing needs for homeless mentally ill individuals and others, in projecting additional needed capacity and in identifying strategies to reach the capacity. RSNs received the planning with the understanding that they would conduct organizing activities. A condition of receipt of this service is that RSNs were asked to invite housing, providers of substance use services, law enforcement and others to the planning table.

Prior to the planning session, the organizers and participants were provided with preliminary information by the facilitator. During the planning day, they were assisted to identify local needs

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and to coordinate efforts to address them. A written summary of the day's events and agreements follows soon after. Recommendations were part of the summaries. Follow up consultation was available by telephone.

Planning sessions have been provided in seven locations around the state. Two new PATH projects were established among them. One location applied for and received federal housing funding to establish a twelve-unit facility to serve mentally ill people.

FBG and PATH Funds have been used to support the annual Washington State Coalition for the Homeless state conference on homelessness in the last four years. PATH RSN and project staff, homeless individuals and others who serve homeless, mentally ill people receive assistance to support their attendance at the conference. Support will be offered again this year.

Among the 103 proposals for FFY 2011 MHBG sponsored projects from RSNs, 29 focus on serving people who are homeless and mentally ill. RSNs proposed a total of approximately \$1,750,000 of \$6,665,000 (26%) available mental health block grant funds for projects related to serving people who are homeless and mentally ill.

The PATH state contact also serves as the MHBG state planner. He works closely with the Substance Abuse Prevention and Treatment (SAPT) state planner following a merger two years ago of the former mental health and substance abuse divisions of Department of Social and Health Services (DSHS). The combined division now is known as Division of Behavioral Health and Recovery (DBHR). SAMHSA has revised application guidelines for MHBG and SAPT funding. This year the two funding sources may be applied for individually or on a combined basis. DBHR leadership has decided to submit a combined application, which is expected to result in closer coordination of services to people who are homeless, mentally ill and who also have a substance use disorder.

Programmatic and Financial Oversight of PATH Providers

Washington State PATH funds are awarded to regional mental health authorities known as Regional Support Networks (RSNs). They sub-contract funds to local, state licensed mental health agencies to deliver PATH services directly.

PATH projects must submit their applications to an RSN. The RSN, in turn, reviews and submits the application to the State. Ongoing program and fiscal monitoring of PATH programs is conducted locally by the contracting RSN.

State regulations (Washington Administrative Code or WAC) are the base of community mental health center operations. Those regulations were written with a strong point of reference on people who are Medicaid recipients. PATH projects operate within licensed agencies, and consideration is given to the fact that some variance may need to be observed in PATH operations, understanding the difference in PATH and Medicaid specific populations.

Local programmatic oversight is meaningful. One RSN determined, through a series of unsuccessful program reviews of a PATH project, that a PATH project would not be offered continued funding. The State PATH contact was continually involved in discussions with the RSN about this development. That included a joint meeting with the previous PATH provider at which multiple concerns about program operations were expressed by RSN and state

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representatives. The program was offered support and assistance to improve its performance. A subsequent site visit by the RSN resulted in a determination that insufficient progress was made to correct identified operational concerns. A decision was made not to offer continued funding, which was supported by the State.

The State PATH contact is in regular communication with RSN PATH contacts and with PATH project managers. This affords a working knowledge of local program developments and progress, which at times is informal but which is useful to understand which programs may require support and technical assistance.

Four years ago, Washington initiated a Washington state peer review process. The process was designed with significant participation from several RSN PATH contact and PATH project managers, at the previous request of PATH recipients. The peer review design incorporated features of the state PATH Administrative Work Group voluntary performance goals, data reporting and program management principles.

The intent of the review is both to examine the work of the project being reviewed and to provide technical assistance in the process. The technical assistance has become a mutual exchange in which the agency being reviewed and on site reviewers both have an opportunity to learn from the review and gain ideas how their respective projects may be improved locally.

The review team is composed of one RSN contact, one PATH program manager staff and the state PATH contact or a designee, who is a staff person from Northwest Resource Associates (NWRA), the agency that provides central data collection services for PATH projects. Advance notices are given to review sites, and survey questions are provided in advance in order to afford sites to gather and submit information prior to the on-site visit. Reviews are conducted over the course of a day and a half.

Prior to the visit, site review team members receive a copy of the most recent Intended Use Plan for the agency and a set of data based on national annual report requirements. The site review consists of one day of discussion of pre-formulated questions that are based on national Voluntary Performance Goals and other related PATH operations questions. The second day involves a half day of "shadowing" PATH project site in the community.

At the end of each site visit, personnel who worked at the review sites are asked first, as part of the exit interview, what they have learned from the review and what issues they believed should be part of their quality management. Following their responses, site reviewers share their impressions. For each of the visits that have been conducted, the impressions of the staff at sites being reviewed have been remarkably similar to that of the reviewers. Thus, it appears that the results of the peer review were instructive and readily agreed upon by staff at the site being review. Thus the recommendations may readily be accepted and acted upon by those being reviewed.

The PATH State Contacted participated personally in the first two years or reviews. Due to the addition of MHBG state planner responsibilities two years ago, in addition to other assignments, on-site peer review responsibility was delegated to the staff person at Northwest Resource Associates, which contracts for PATH data collection and management services. The same review format and methods continue to be used, and over-sight of the process and reports on project reviews are monitored closely.

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The PATH state contact serves as the co-chair of the national PATH Administrative Workgroup (AWG) and has been actively involved in the development of a national Effective PATH Program matrix. It outlines criteria to be reviewed, performance indicators and outcome measures. While the matrix is still in development, it has been well received by the CMHS Homeless Branch and others at SAMHSA, to the point that a national panel will be convened later this Spring for the purpose of reviewing the matrix and incorporating features related to integration of physical and behavioral health care.

Washington anticipates that the matrix will begin use as a standard for national review of state PATH projects. Although Washington was reviewed on site only two years ago and does not anticipate another visit for another year or more, it is expected that, once the matrix is adopted nationally, Washington will revise its peer review procedures to incorporate features of the matrix and other current monitoring processes.

Financial oversight is conducted regularly at the state level. RSN PATH contracts allow for reimbursement claims as often as monthly and are to be submitted no less often than quarterly. PATH contracts incorporate both the amount of federal funding to be awarded and the minimum amount of match required of each RSN.

Financial monitoring is conducted in multiple ways. When billing claims are received by the State PATH contact, the amount of match submitted is compared to the amount of federal funding being claimed. Washington requires an even 34% match of federal funding for each PATH project. If the amount of match being certified by the claimant is not equal to or greater than 34% of federal funding, the RSN is contacted for further communication prior to authorization of payment by the State PATH contact.

This process is supplemented by staff of the fiscal section of the State DBHR. Fiscal personnel start an individual record of federal funds obligated and match required at the beginning of the contract year. As claims are received, claims for payment and match submitted are recorded. This provides for additional monitoring of issuance of federal funds and assurance that match contributions are current. Fiscal reports for all PATH projects are provided to the PATH contact regularly and upon request.

In the FFY 2006 funding year, DBHR changed its contract methodology. Previously DBHR issued one-year contracts that began October 1 in a given year and expired September 30 the following year. A significant number of agencies did not utilize all of their funds in the contract period. Additional funds were awarded in new contracts at the beginning of the following October.

This resulted in a need to calculate unexpended funds remaining after final billing for the expired contract year and to amend current year contracts to provide authority to continue to expend funds from the previous year. This proved cumbersome in that not all previous year funds were necessarily expended before spending of current year funds began. That resulted in funds from the new year being claimed prior to all funds from the previous year being expended for a short period of time. Then older funds could be claimed once the current year contract was amended to afford authority to do so.

Tracking of funds by funding year was complicated. As a result, DBHR decided to issue 21-month contracts. A major current contract requirement is for RSNs to assure that older PATH funds are completely expended by line item category prior to projects being allowed to begin

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expending current year funds. This method provides for more discrete tracking of funds utilized by funding year and promotes use of previous year funds before utilizing “older” funds.

Evidence Based and State Level Training

The State pays for training directly and indirectly on a limited basis. PATH recipients are informally defined locally as RSN PATH contacts and PATH program managers. A coordinating meeting is held at least annually. In previous years, state PATH meetings have been held more often. These meetings are intended for multiple purposes.

A consistent agenda item at the annual meeting is development of the response to the Center for Mental Health Services (CMHS) Request for Applications (RFA) for PATH funding. DBHR supports costs of the facility at which meetings are held. RSNs and PATH programs are responsible for travel costs to attend the meetings. PATH recipients engage in discussion about application requirements, are provided technical assistance in developing Intended Use Plans and program budgets. Deadlines for submission of local materials to the state are established through mutual agreement.

These meetings generally are also used to address systems level concerns and to promote consistency in PATH operations. Data collection and service definitions have been addressed and agreed upon by participants. Match considerations have been a topic, as have program operations. The State PATH contact has brought forth systems issues to be addressed. PATH recipients are encouraged to invest in identification of solutions that meet local and systems level needs. Resolution generally is through consensus.

Another standing agenda item is the unique use of Palm Pilots to gather client service data. Northwest Resource Associates (NWRA) developed the process for collection of data seven years ago. The project was piloted, and all PATH sites were required to begin using Palm Pilots to collect client service data beginning in FFY 2004. The process has proven to be efficient and has resulted in reliable, consistent and timely gathering and reporting of data. Northwest Resource Associates will continue to be the data collection and analysis agent for the coming year.

Their responsibilities include training staff at PATH sites to use the Palm Pilot based data collection methods. They train direct service staff to use the Palm devices to input data into them and how to synchronize data to desktop computers once they return to their respective offices. NWRA staff also train information technology (IT or computer technicians) staff to upload and manage software used to process data from Palm Pilots and to be submitted monthly to the central data collection site.

After four years, NWRA produced a report of PATH service by project and statewide. For the last two years (following five years of reliable data collection), NWRA has provided direct technical assistance to individual PATH projects to review the data, implications of the results and technical assistance in effective use of the data.

This year, at the request of the State PATH contact, NWRA began to provide additional information to PATH project sites about national monitoring methods by Center for Social Innovation (C4SI) and about use of GPRA measures by CMHS and the federal Office of Management and Budget. PATH projects are educated about specific data that are indicators of performance, such as percentage of literally homeless individuals, and are informed as to

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their performance in that regard. Providing information and assistance in re-shaping practices at the project site are useful in encouraging and assisting sites to change their focus as needed and to achieve or exceed national performance expectations.

NWRA also has provided support in other areas. They have provided assistance in organizing peer review site visits and in establishing the methods used in conducting them. Last year, the state PATH contact designated a staff person from NWRA to represent him during the on-site peer reviews, and they will do so again this year.

Washington also supports attendance by PATH participants in the annual conference of the Washington State Coalition for the Homeless. Costs of conference tuition and lodging are afforded PATH recipients. They are responsible for travel and per diem costs. The conference is a three-day conference and provides a wide range of topics related to serving homeless people, including serving people who are mentally ill and who also may abuse substances. This year's conference will include presentations from the State DVA project about access to disability and veterans' benefits.

There are not contractual requirements from the state to RSNs and PATH projects to utilize evidence based practices (EBPs), as the emphasis is on meeting community needs and recognition of factors at the local level which may support use of EBPs. Housing First is among the most prominent of EBPs, and a limited number of PATH projects use it, as most of them do not offer housing services directly. A great many of the projects do, however, engage in systems level coordination activities to promote its use.

Motivational Interviewing and Trauma Informed Care are used at some of the local PATH projects, although no state PATH leadership is involved.

While not considered an evidence based practice, use of Palm Pilot devices to document services to individuals is unique and is considered a promising practice. All thirteen of the local PATH projects and the DVA project use it to report services provided.

HMIS Training and Activities to Migrate to HMIS Data Standards

SAMHSA announced in December 2009 announcement its intent for all PATH project nationally to transition to use of HMIS data standards to report PATH services. In June 2010, PATH funds from FFY 2009 FFY contracted to Northwest Resource Associates (NWRA) to conduct a statewide assessment of the level of preparedness of PATH projects to participate in or migrate to HMIS data reporting standards. Of the twelve projects (the newest project began only April 1, 2011) in existence at that time, approximately half of them were in organizations that use HMIS data reporting.

The project statement of work called for an assessment of readiness to be conducted and for an incremental plan to transition to use of HMIS data reporting among all PATH projects within the state. The plan also must include projected costs of making the transition. While the project was somewhat late in beginning, much work has been done to gather information from other states, from the national technical assistance center and from PATH project statewide.

The plan, which is due for completion and publication in June 2011, is intended to serve as the foundation for pilot implementation of HMIS standards. A contract will be entered with Northwest Resource Associates beginning in June 2011 to begin implementation of the plan no later than August 2011 and to pilot transition in the coming federal fiscal year, 2012. Full

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implementation of the use of HMIS data standards is planned for full implementation no later than the beginning of FFY 2013, October 1, 2012.

Source of Non-Federal Match

RSNs and provider agencies are required by contract with DBHR to be responsible for match of non-federal funds commensurate with the level of PATH funds received. The federal requirement for match is one non-federal dollar for every three federal dollars received.

The state PATH contact is funded through DBHR headquarters funding, not through PATH funds. No match claim is submitted for that contribution. A limited amount of funds are reserved for state administration. This year that amount is \$52,160 or the 4% of award allowed by federal requirements.

As a result, after consultation with federal funding sources, and in agreement with local PATH projects, a match of 34% of PATH funds is required of local projects. This is 0.7% more than otherwise might be required, but that is offset by the undocumented contribution of PATH oversight at the state level. The additional 0.7% has been sufficient over the last several years to assure that the total match contribution statewide meets or exceeds federal requirement.

The Washington State DBHR requires RSNs and PATH recipients to match three types of locally defined PATH funds afforded to them: base award, Palm Pilot data collection and Palm Pilot equipment. Northwest Resource Associates (NWRA) is the agency that provides data collection services. The amount of funding support for NWRA data collection services provided to each PATH project is based on the percentage of available PATH funds the project receives.

As an example, if a project receives 10 percent of PATH funds, they are expected to contribute 10 percent of the cost of NWRA's services. Thus each agency is assessed a portion of the cost of centralized data collection and processing, but each agency also receives an additional award from PATH funds to cover the cost of required data collection through the contracted data agency. Each agency remains responsible to match the award for data collection and for Palm Pilot equipment to capture the data.

At the beginning of the annual federal PATH application for funds process, RSNs are informed of the base amount of PATH funds that are to be awarded, the amount to be contributed for NWRA services and the amount to be budgeted for Palm equipment. DBHR calculates a required match amount based on 34 percent of the total PATH funds to be awarded. PATH projects are notified of that amount also.

In contract, RSNs and provider agencies remain responsible to match 34 percent of their total award. In practice, however, the cost for NWRA is contracted by DBHR in total to that agency in order to reduce administrative burden for all concerned.

The method and source of match varies by RSN. In general, there are three potential arrangements for match:

1. The RSN may assume the responsibility for match and may do so from non-federal dollars available at that level.
2. The RSN may pass the match responsibility to the sub-contractor. The sub-contractors often contribute in-kind match in the form of administrative, facilities and other types of support.

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3. The RSN and the sub-contractor may share responsibility for match.

The source of non-federal match varies by RSN. For example, one RSN provides in cash funding to one of two PATH providers. The amount of non-federal dollars expended entirely on personnel is sufficient to meet the federal requirement for match for both agencies in one line item category. Neither contractor is responsible to contribute match, even though the federal requirement is clearly met.

Some other RSNs do not contribute any match, relying entirely upon their sub-contracted agency for the responsibility. Agencies depend on a variety of in-kind sources to satisfy the match requisite. Larger agencies that have the scale to support a grant writer will have the benefit of other contributors to their operations to satisfy match. A smaller agency will be operating a "free" mental health clinic, which will serve as an extension of their PATH and other agency mental health services. The in-kind match takes the form of health care and mental health treatment from volunteers to PATH clients.

The state DVA contributes match also, which comes from state only funding. While 34% match also is required of the DVA, they have exceeded match requirements as well as contract expectations.

Non-federal match will be available at the beginning of the award year. Each cover letter submitted by an RSN contains a statement confirming this.

Each RSN has provided a local budget sheet (SF 424A) and a budget narrative that displays additional detail to support the fact that match requirements are met. The SF 424A itemized match to be contributed is listed by line item.

DBHR does not require RSNs to submit detailed line item match information on monthly or quarterly claims for reimbursement. It does require them to maintain sufficient supporting documentation on file to demonstrate source and amounts of match contributed at that level of detail if requested.

RSNs are required to submit the total amount of match contributed each time a claim for reimbursement of PATH funds is requested. The amount of match is monitored, and authorization for payment is granted only after the proper contribution has been verified.

Some of the individual projects have committed to exceed the required match of 34%. The total of all match proposed by all projects. The total of match commitments by all projects exceeds the amount listed in the SF 424A attached to this application.

Process for Public Notice of Proposed Use of PATH Funds

A process for public notice of use of PATH funds is incorporated into each RSN and PATH provider's application for funds through the Intended Use Plan. Each RSN is responsible to have a local process to announce publicly how funds will be used, and each is encouraged to target PATH clients and those who serve them both to announce the use of funds and to elicit comments about how they might be used.

Each IUP in this application has addressed their public notice of funds. There is variation in responses. Some locales are more successful than others are. RSN advisory boards are

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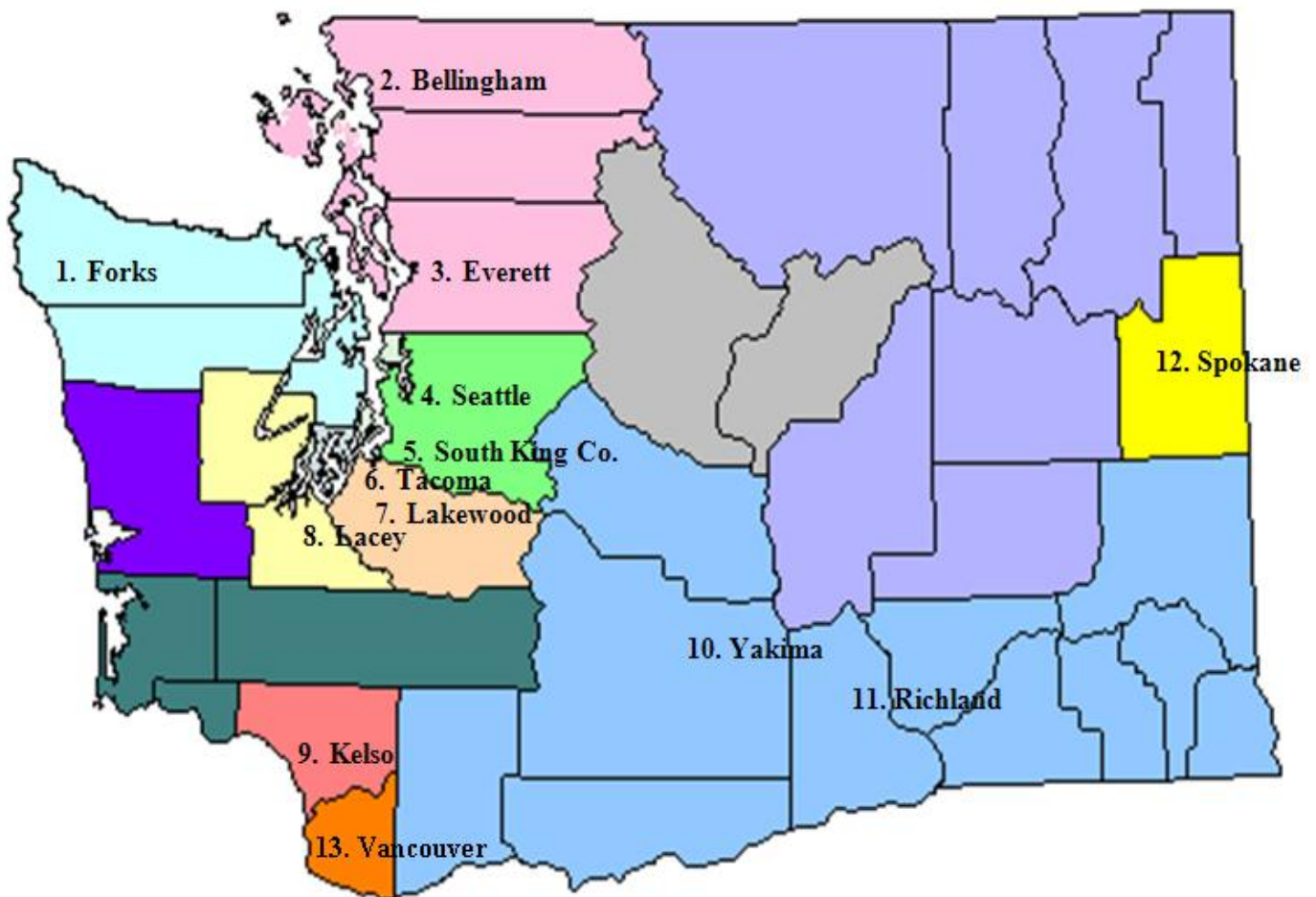
consistently part of the local process. Some PATH projects regularly communicate with PATH clients, including some that have established PATH client advisory groups to the project.

At the state level, the Balance of State Continuum of Care Committee is provided regular briefings on PATH developments during the program year. For example, they are informed of availability of funds for new projects; they are advised of state and local programmatic developments such as availability of expedited access to disability and other benefits and news of individual PATH projects in their local areas.

The state PATH contact also has established ties and working relationships with housing and other homeless service providers. He has established connections with the state housing coalition via participation in their annual conference and direct communication with the director and officers of the coalition.

These efforts have afforded an opportunity to do three things. Closer working relationships and coordination have been established. The state PATH contact has had an opportunity to contribute to policy formulation. In turn, he has had an opportunity to receive policy input from major partners at the administrative level.

WA State Path Providers by RSN 2010 Application



KEY: Agency (RSN)

1. West End Outreach Services, Peninsula RSN (Forks) Congressional District 6
2. Whatcom Counseling, North Sound RSN (Bellingham) Congressional District 2
3. Compass Health, North Sound RSN (Everett) Congressional District
4. Downtown Emergency Service Center, King RSN (Downtown Seattle)
5. Sound Mental Health, King RSN (South King County)
6. Comprehensive Mental, Pierce RSN (Tacoma)
7. Greater Lakes Mental Healthcare, Pierce RSN (Lakewood)
8. Behavioral Health Resources, Thurston-Mason RSN (Lacey)
9. Lower Columbia Mental Health, Southwest RSN (Kelso)
10. Central WA Comprehensive MH, Greater Columbia RSN (Yakima)
11. Lourdes Counseling, Greater Columbia RSN (Richland)
12. Spokane Mental Health, Spokane RSN (Spokane)
13. Community Services Northwest, Clark County RSN (Vancouver)

WASHINGTON STATE
SUMMARY OF PROVIDERS, AWARDS AND SERVICES

Provider	Provider Agencies	Amount of PATH Funds	Project No. of persons to be contacted	Services to be Provided	Percent of Literally Homeless to be Served	Congressional District
Clark County RSN,	Community Services Northwest	\$64,955	200	1,2,3,4,5,6,7,9,10	75%	3
Greater Columbia RSN	Central Washington Comprehensive MH-Yakima	\$57,213	175	1,2,4,6,7,9	80%	4
Greater Columbia RSN	Lourdes Counseling-Richland	\$48,997	135	1,2,3,4,5,6,7,9,10	75%	4
King County RSN	Downtown Emergency Service Center-Seattle	\$134,389	460	1,2,3,4,5,6,7,9,10	92%	7
King County RSN	Seattle Mental Health-Auburn	\$145,462	275	1,2,3,4,5,6,7,9,10	65%	8
North Sound RSN	Compass Health, Everett	\$149,686	500	1,2,3,4,6,7,8,9	75%	2
North Sound RSN	Whatcom County Psychiatric Clinic, Bellingham	\$48,997	204	1,2,4,5,7,9,10	80%	2
Peninsula RSN	West End Outreach Service	\$55,338	100	1,2,4,8,9	95%	6
Pierce County RSN	Comprehensive MHC, Tacoma	\$98,306	200	1,2,3,4,5,6,7,9	85%	6
Pierce County RSN	Greater Lakes MHC, Lakewood	\$104,790	377	1,2,3,4,5,6,7,9,10	90%	6 & 9
Southwest RSN,	Lower Columbia MHC, Longview	\$48,997	550	1,2,4,5,6,7,8,9,10	80%	3
Spokane County RSN,	Spokane MHC, Spokane	\$106,029	1475	1,2,4,5,6,7,9	90%	5
Thurston-Mason, RSN,	Behavioral Health Resources, Tumwater	\$66,572	155	1,2,3,4,5,6,7,8,9,10	75%	3 & 9
NW Research Associates	Provides statewide Palm Pilot based data collection and reporting support	\$81,927*		N/A	N/A	
WA State Dept of Vets	Veterans' Affairs, Retsil	\$70,000	TBD	TBD	TBD	6
Administrative costs		\$52,160	4,806			
Reserves		\$52,110				
	Total	\$1,304,000				

1-Outreach, 2-Screening, diagnosis; 3-Habilitation and Rehab; 4-Community MH; 5-Alcohol or drug treatment; 6-Staff training; 7-Case management; 8-Supportive, supervisory services; 9-Referrals for primary health, job training, educational services and housing services 10-Housing Services

* The allocation to NW Resource Associates is listed but is already included in individual allocations to RSNs. Including that amount in column total will result in a sum greater than the federal allocation. Correct column total is \$1.00 more than federal allocation due to rounding

Section C: Local Provider Cover Letters, Intended Use Plans, Local Budgets and Narratives:

Washington State 2011 PATH Application
Clark County RSN Cover Letter 2010



DEPARTMENT OF COMMUNITY SERVICES

February 1, 2011

Division of Behavioral Health & Recovery Services
Attn: Hank Balderama
P.O. Box 45330
Olympia, WA 98504-5330

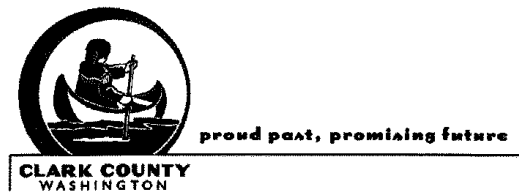
Dear Mr. Balderama,

Please accept our submission for funds to establish a new Project for Assistance in Transition from Homelessness (PATH) project in Clark County. Clark County Regional Support Network (RSN) and our partner provider agency Community Services Northwest (CSNW) are eager to receive PATH funding to maintain recent efforts to connect individuals who are homeless with mental health and other services. Our community is primed to implement case management services focusing on assistance to eligible homeless individuals to obtain income support services through a coordinated SOAR (SSI/SSDI Outreach Access and Recovery) initiative. The RSN has two employees trained as SOAR trainers who will provide in-kind technical assistance and training to PATH staff.

Clark County will be building off the success of a Department of Commerce grant entitled Homeless Grant Assistance Project. This grant funded a multi-disciplinary team to identify and connect individuals living in encampments to immediate housing and provided tenant-based rental assistance to homeless individuals re-entering the community from jail, hospital, prison or institutional setting. This grant is scheduled to end June 30, 2011. Through this collaborative project, our subcontractor Community Services Northwest was able to partner with other homeless shelter and outreach programs and the WA State Department of Transportation to identify individuals most at risk and least likely to utilize mainstream services. This project also solidified a strong collaboration between the RSN and the Clark County Department of Community Services (DCS) Housing unit. Matching funds in the amount of \$22,085.00 will be provided by that unit for the PATH project.

Between September 1, 2008 and December 31, 2010 eighty (80) individuals living in Clark County who were homeless received housing through the outreach services under the HGAP program. Based upon this number the grant goal to house seventy-five (75) individuals who were chronically homeless has been met. Progress towards the goal of conducting outreach to 450 individuals who are homeless over the course of the 3 year grant continues to be made. A total of five hundred fifty-nine (559) contacts have been made with homeless individuals in Clark

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County over the course of the project. These contacts have been made at locations where homeless individuals in Clark County have historically camped as well as at locations where homeless individuals in Clark County seek out services and support such as The Wellness Center, Community Services Northwest, and SHARE, Inc. Fifty-one (51) total encampments have been identified over the course of the project, which exceeds the grant goal of the logic model to identify fifteen (15) encampments over the course of the project. Additionally, the goal of permanently eliminating ten (10) encampments has been exceeded.

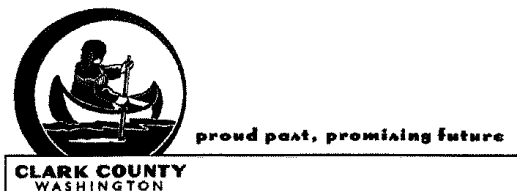
Of the 81 individuals housed the median age was 48 years old. Twelve (12) of the individuals had served in the military and 11 of the individuals had been identified by the Vancouver Police Department as having multiple contacts with the police and jail. Eighty-five percent (85%) of the individuals housed through outreach contacts have been booked into the Clark County jail. The median number of times that a person was booked into jail was 10 times.

An additional 113 homeless individuals received tenant-based rental assistance after re-entering the community from jails, hospitals, prisons or institutional settings. CSNW and another mental health agency administered these funds to assist homeless individuals who had mental health issues to be more successful as they re-emerge into the community. This is in line with the benchmarks identified in the logic model of the grant and exceeds the goal of the logic model to support eighty-five (85) individuals.

In addition to the cash match, other in-kind funding identified that will be utilized through this project will be the landlord outreach services. Clark County DCS has contracted with the Council for the Homeless for outreach services to landlords in Clark County who will be willing to rent to individuals with barriers to housing. The landlord outreach also facilitates relationship building between mental health service providers and the various landlords and property managers thus a stronger supportive housing model. PATH outreach staff will connect individuals to tenant-based rental assistance programs such as 'The Way Home', 'Share Aspire' and other deed recording fee funded projects and will utilize the outcomes of the landlord outreach to connect individuals to housing. CSNW also operates a free mental health clinic (the only one of its kind in the Northwest) called the Wellness Project. The Wellness Project provides support to some of the most vulnerable members of our community. The Wellness Project is designed to provide mental health services to Clark County residents who are uninsured, non-Medicaid, or who otherwise lack insurance for mental health services including people who are homeless.

Services at the Wellness Project includes: individual and group therapy, community resources and referral, and medication management if needed. Consumer-run programs include Smart

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Recovery (consumer management treatment group), men's group, Illness Management Recovery group and bi-polar support group. Clark County tenant education programs provide class tutoring at the Wellness Project. The Wellness Project also serves as a training site for graduate students participating in mental health internship programs from Western Seminary, Lewis and Clark College, Portland State University, Eastern Washington University, Concordia University and George Fox University.

Mental health services offered at the Wellness Project are provided by volunteers who are either licensed counselors, registered counselors, or master's-level student counselors under the direct supervision of community mental health professionals and CSNW staff. CSNW staff includes a part-time program manager, part-time licensed clinical supervisor, full-time office manager and a part-time nurse practitioner (prescriber).

In summary, Clark County is excited about the possibility of providing PATH services to build off the success of the HGAP outreach services. The Council for the Homeless conducts a county-wide "one-day homeless count" once each year as required by both the U.S. Dept. of Housing and Urban Development (HUD) and by Washington state law. Volunteers and outreach workers visit shelters, service providers and other locations where people who are homeless may congregate in order to take a statistical and demographic snapshot of homelessness in Clark County. Through the Point in Time Count conducted in 2010, 112 individuals identified as having a mental illness were homeless. Clearly there is demonstrated need for outreach services in Clark County and CSNW has the experience and the partnerships established in the community to implement PATH services April 1.

Sincerely,

Connie Mom-Chhing, DM, MPA
Administrator, Clark County Regional Support Network

Cc: Vanessa Gaston
John Cox
Ron Curtin
Harold Rains
Brad Alberts
Melodie Pazolt
Sharon Cambell-Krupski

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Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Regional Support Network (RSN) operates as a Pre-Paid Health Plan (PHP) for Clark County. The RSN coordinates the publicly funded mental health services. Through contracts with local community mental health centers, they provide a full range of services including emergency/crisis intervention, outpatient, and inpatient services, designed from a recovery-oriented perspective, to all Medicaid eligible persons living in Clark County. The RSN monitors provider agencies' adherence to federal, state, and local regulations and requirements. A community Mental Health Advisory Board assists the RSN staff in defining the services and monitoring overall quality.

The RSN has established full partnerships with consumers, families and providers to develop an accessible, flexible and comprehensive mental health system that supports recovery for all children, adults and older adults. The mission of the RSN is to promote mental health and ensure that RSN-eligible residents of the Clark County Region, who experience a mental illness during their lifetime, receive treatment and services so that they can recover, achieve their personal goals and live, work, and participate in their community.

Clark County RSN will receive the PATH funds, and the services will be provided through a contract with Community Services Northwest (CSNW). CSNW is a private non-profit located in Vancouver, WA. CSNW's mission is to provide high quality, integrated mental health, addictions and housing services, focusing on individual strengths and recovery. They serve a broad spectrum of Clark County residents for mental health disorders, addictions (or both), and who may also be homeless. They also offer gambling treatment.

2. Indicate the amount of federal PATH funds the organization will receive.

Clark County RSN would receive \$60,000 and \$4,705.00 for participation in a Palm Pilot based data collection project.

The RSN plans to utilize \$22,085.00 in cash match funding from the Clark County Department of Community Services.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a.1. the projected number of adults clients to be contacted using PATH funds.

Washington State 2011 PATH Application
Clark County RSN Intended Use Plan 2011

The RSN and CSNW project proposes to provide outreach contacts to 200 individuals of whom 75% are projected to be literally homeless.

a.2. projected number of adult clients to be enrolled using PATH funds.

The PATH project will enroll 60% individuals and connect them with resources and services.

a.3 . percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

The RSN and CSNW project proposes to provide outreach contacts to 200 individuals of whom 75% are projected to be literally homeless.

a.4. activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

The PATH project will also assist 10 individuals to obtain SSI/SSDI utilizing the SOAR model.

a.5. strategies that will be used to target PATH funds for street outreach and case management as priority services.

CSNW staff has extensive experience providing outreach to areas in which individuals are known to be living.

a.6. activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Cultural competency, Illness Management and Recovery, Supported Employment, Supportive Housing are examples of SAMHSA approved EBP training that has occurred at CSNW. Motivational Interviewing into Practice, Direct Service Safety Training and Non-violent crisis intervention training are additional training provided to CSNW staff.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts. In the last 2.5 years, Clark County has been operating a Homeless Grant Assistance Project (HGAP) grant from the Department of Commerce entitled Clark Homeless Engagement Collaboration. This project focused on outreach

efforts to individuals living in encampments or uninhabitable areas and assisting individuals who were re-entering the community from jail, hospitals, prison, or institutions. A multi-disciplinary outreach team from CSNW in partnership with SHARE Inc., WA State Department of Transportation and the Parks and Recreation department conducted outreach efforts to identify individuals living on the streets. Through these joint efforts, 81 individuals have been housed directly from the streets and contact with 559 unique individuals occurred. CSNW and another mental health provider assisted 113 individuals who were homeless and re-entering the community was provided housing assistance. Providing a Housing First model in which individuals were moved directly into housing, allowed individuals to then focus on other aspects of their life. Individuals were able to obtain mental health treatment, drug and alcohol treatment and access to governmental benefits.

The Council for the Homeless conducts a county-wide “one-day homeless count” once each year as required by both the U.S. Dept. of Housing and Urban Development (HUD) and by Washington state law. Volunteers and outreach workers visit shelters, service providers and other locations where people who are homeless may congregate in order to take a statistical and demographic snapshot of homelessness in Clark County. Through the Point in Time Count conducted in 2010, 112 individuals identified as having a mental illness were homeless. A total of 604 individuals were identified as homeless. The RSN and CSNW project proposes to provide outreach contacts to 200 individuals of whom 75% are projected to be literally homeless. The PATH project will enroll 60% individuals and connect them with resources and services. The PATH project will also assist 10 individuals to obtain SSI/SSDI utilizing the SOAR model.

- b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

Services to be provided:

- Outreach – CSNW staff have extensive experience providing outreach to areas in which individuals are known to be living.
- Linkage to mental health, substance abuse treatment services
- Case Management –
 - Preparing a plan for the provision of community mental health services
 - Providing assistance in obtaining and coordinating social and maintenance services
 - Providing linkage to governmental benefits such as Basic Food, Medical or SSI/SSDI.
 - Providing linkage to housing assistance
- Referrals to primary health service, job training, education services and relevant housing services
- Housing services including
 - Planning of housing

Washington State 2011 PATH Application
Clark County RSN Intended Use Plan 2011

- Technical assistance in applying for housing assistance
 - Improving the coordination of housing services
 - Security deposits
 - The costs associated with matching eligible homeless individuals with appropriate housing situations
 - One-time rental payments to prevent eviction
 - Other appropriate services
 - Staff training, including the training of individual who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.
- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

RSN and CSNW have multiple partnerships with community organizations such as:

- SHARE & Share Aspire – Emergency housing, transitional housing and prevention & eviction assistance.
- Council for the Homeless – Emergency Shelter Clearinghouse, landlord outreach services, community voice mail
- Lifeline Connections – Mental health outpatient services, detox, inpatient drug and alcohol treatment, co-occurring intensive outpatient services.
- Columbia River Mental Health Services - Mental health outpatient services, co-occurring intensive outpatient services.
- Friends of the Carpenter – vocational services, support and storage
- Clark County Department of Community Services – rental assistance, SOAR training and technical assistance
- Second Step Housing – transitional housing, tenant education services
- SeaMar – Federally Qualified Health Center, primary care, health education and behavioral health services.
- Clark County Public Health – Needle exchange
- DSHS – Community Services Office – Basic Food, Medical,

- d. gaps in current service systems;

Even though the HGAP project has been very successful in engaging individuals who were living in encampments and on the streets using a Housing First Model, gaps in the current service delivery system remain. Anecdotal information about the challenges people face that are homeless to access governmental benefits is significant. Individuals living on the streets do not have an address to receive mail which in the disability application process is crucial. The CSO has identified that assisting individuals to attend their initial appointments with financial and social workers is an identified need. Developing strong partnerships with DSHS, Social Security Administration, mental health agencies and primary care has been an underlying need in our community. This partnership identified

through the SOAR training can lead to expedited SSI and SSDI applications to get individuals into the services and provide income support that would provide basic housing. Having someone dedicated to assisting individuals who are homeless with the arduous task of applying for these benefits will help in reducing this gap.

- e. services available for clients who have both a serious mental illness and substance use disorder;

CSNW is a dually licensed mental health and substance abuse treatment agency. In addition, they have developed strong relationships with other dually credentialed mental health and substance abuse treatment agencies in Clark County. CSNW also has a strong partnership with the DSHS – CSO office to assist individuals to obtain assessments for ADATSA. Through the HGAP project, CSNW has experience in connecting individuals to detoxification services, inpatient treatment services and long term residential treatment services. CSNW has a housing program that is focused on individuals with chronic intoxication issues.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

CSNW works with several local landlords to provide housing for individuals receiving services. Specific strategies would include landlord outreach and education and landlord and tenant support through case management services. CSNW will also work with the landlord outreach position at the Council for the Homeless. The landlord outreach contacts landlords and property managers on behalf of individuals with barriers to housing. Quarterly a housing partnership meeting occurs to develop stronger relationships between the landlords and service providers. CSNW has several programs funded by deed recording fees, WA Department of Commerce and HUD that will be maximized for individuals in the PATH program.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Both the RSN and CSNW staff are active members in the Coalition of Service Providers, Clark County's name for the Continuum. CSNW is a recipient of funds from the HUD Continuum of Care program. The RSN and CSNW have also been active in the planning meetings to update the 10 Year Plan to End Homelessness.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the

extent to which staff receive periodic training in cultural competence. (See RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

A graph of the demographics of the recipients within the HGAP project is included in attachment A. The demographics of Clark County are also included as a basis of the cultures represented in our community.

CSNW is an equal opportunity employer and has multi-cultural staff within their employ. They have experience in providing services to individuals who are homeless particularly with the recent HGAP grant. Many of the staff received training on the cultural issues associated with homelessness from Rachel Post. Ms. Post has an MSSW and received training in Madison WI on the PACT model. She was personally involved in the conceptualization, design, and secured funding for 6 ACT teams, 4 of which were directed towards homeless individuals with co-occurring disorders.

The RSN has a strong cultural competency committee and provides on-going cultural competency trainings throughout the year for all staff and we routinely access special population consultants.

CSNW requires that all staff receive 5 hours of training annually.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

The Clark County Regional Support Network (CCRSN) has a long history of involving the community, individuals who receive services and families into the planning of RSN services and programs. The structure of the CCRSN has consumer and family operated services at the Quality Management level, Subcommittee level, and Provider and Clinical design level.

CSNW has a history of hiring individuals who have experienced mental health issues and homelessness through their Medicaid billable Peer Services as well as in the Peer position within the HGAP project. CSNW staff has received training on the benefits of hiring and engaging individuals and families into the treatment process. CSNW was an integral participant to the development of Peer Support Guidelines for the RSN provider network. CSNW also provides Services at the Wellness Project that include consumer-run programs such as Smart Recovery (consumer management treatment group), men's group, Illness Management Recovery group and bi-polar support group.

**Washington State PATH Application 2011
Clark RSN -- Community Services Northwest**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$41,721.00	\$8,689.00			\$50,410.00
b. Fringe Benefits		\$12,554.00	\$2,571.00			\$15,125.00
c. Travel		\$1,800.00				\$1,800.00
d. Equipment		\$250.00				\$250.00
e. Supplies		\$477.00	\$1,000.00			\$1,477.00
f. Contractual		\$4,705.00				\$4,705.00
g. Construction						\$0.00
h. Other		\$850.00	\$5,550.00			\$6,400.00
i. Total Direct Charges (sum of 6a - 6h)		\$62,357.00	\$17,810.00			\$80,167.00
j. Indirect Charges		\$2,598.00	\$4,275.00			\$6,873.00
k. TOTAL (sum of 6i and 6j)		\$64,955.00	\$22,085.00			\$87,040.00
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

PATH PROJECT – BUDGET NARRATIVE
Clark RSN—Community Services Northwest

PERSONNEL

Wages reflect current salary scales. Staff expenses are proposed as follows:

1.0 FTE Outreach/Case Management @ \$16.45/hour
.20 FTE Case Manager @ \$18.04/hour
.15 FTE Program Manager @ \$27.85/hour

FRINGE BENEFITS

Includes Medicare, unemployment, industrial, medical, life and disability insurances, pension, deferred compensation (social security replacement) at a total rate of 20.5%.

Payroll Tax @ 9.5%

EQUIPMENT

Equipment necessary for facilitation of data collection, program evaluation, resource development and electronic communication.

SUPPLIES/CLIENT SERVICES

To assist program participants obtain necessary basic needs such as food, clothes, medications, etc.

CONTRACTUAL

External data collection services.

OTHER

Training: Estimated expense for staff to attend two or three out of area trainings related to enhancement of case management skills and housing related issues. Staff facilitation of SOAR training and individual consultation to providers.

Housing: Rental/utilities deposits, one-time rental payments, minor repairs/maintenance.

Office rent: Estimated expense for staff office space to meet individuals, coordinate with allied service agencies.

INDIRECT CHARGES

Provider & RSN Admin. Meetings and Overhead



509-735-8681 or 1-800-795-9296, Fax 509-783-4165, <http://www.gcbh.org>, 101 N. Edison St., Kennewick, WA 99336-1958

March 3, 2011

Hank Balderrama
Division of Behavioral Health
P.O. Box 45330
Olympia, WA 98504

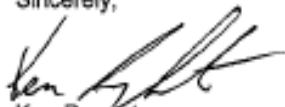
RE: 2011 PATH Grant

Dear Mr. Balderrama:

The Central Washington Comprehensive Mental Health PATH application will result in fifty-seven thousand, four hundred and sixty-six dollars (\$57,466) in PATH funding. GCBH will assure that there is a minimum of nineteen thousand, five hundred and thirty-eight dollars (\$19,538) in local match or non-federal dollars as match.

All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Sincerely,



Ken Roughton
Director

Cc: Troy Wilson, GCBH CFO
Jamie Gier, GCBH Auditor

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Central Washington Comprehensive Mental Health (Comprehensive) is a licensed community mental health center serving Yakima, Kittitas, and Klickitat Counties within central Washington State. Comprehensive is a provider member of the Greater Columbia Behavior Health Regional Support Network (RSN) that is made up of mental health service providers from eleven counties and one Native American (Yakama) Nation.

As a community mental health center, Comprehensive provides a broad range of mental health and chemical dependency services for adults, children and senior adults. In fiscal year 2009-2010 (July 1, 09 through June 30, 10) Comprehensive served slightly over 15,000 unduplicated clients. Approximately 70% of the population served was adults, with the other 30% being youths 17 years old and younger. Comprehensive provides an extensive array of residential services, including two adult Intensive Residential Treatment Facilities (one of which has a primary treatment focus for adults with mental illness and co-occurring substance abuse disorders), a Group Home, Supportive Living apartments, crisis and emergency apartments, a Boarding Home and a Homeless Veterans Housing Program. Comprehensive in partnership with a local hospital, Yakima Valley Memorial Hospital, owns a Skilled Nursing Facility. Comprehensive provides Acute Care crisis services on a twenty-four hour, seven day a week basis. Part of Acute Care crisis services is to provide evaluation under State of Washington Involuntary Treatment Act for involuntary detention to psychiatric hospitalization when indicated. Comprehensive provides services and clinical staff within the Yakima County jail. Comprehensive provides for Behavioral Health Diversion under a national Crisis Intervention Training model in conjunction with Yakima County Sheriff, probation and the court to divert mentally ill individuals arrested for non-violent misdemeanors from jail to treatment services. Comprehensive provides outpatient mental health treatment services that include community-based intensive case management. The outpatient services provide for a number of evidence based practices. Comprehensive also provides outpatient substance abuse services including a MICA/co-occurring disorders program, an Opioid Dependent Treatment Program and a residential detox treatment facility. In addition to its clinical services, Comprehensive provides a number of non-clinical services: Sexual Assault counseling and prevention, Domestic Violence counseling, General Crime Victims counseling, Children Coping with Divorce training, Strong Families (an evidenced based parent training program) and Crisis Intervention Training to local law enforcement on intervention with mentally ill individuals.

Washington State 2011 PATH Application
Greater Columbia--CWCMH Intended Use Plan

Comprehensive has operated the PATH program for over seven years. During this time, Comprehensive's PATH program homeless outreach service has been delivered predominately by a single case manager. During grant year 2007-2008, Comprehensive augmented its PATH program by two additional positions. However, funding for these additional positions could not be sustained. Because of the longevity of the PATH program it has developed strong rapport within the homeless community and agencies that service homeless individuals. This past year the PATH program had again undergone the assignment of a new case manager to its service. This is the second year in a row that the PATH case manager has been changed.

The following is outcome data for Comprehensive's PATH program for grant year 2010 as a result of case manager activities:

- The PATH case managers made a total of 390 outreach contacts with homeless individuals. This was over the projected 150 estimated for the year by 62%. The 2009 estimations were projected low because the program was initially without a case manager when the renewed grant application was made. However, a new case manager was hired shortly after submission of the application. One hundred percent (100%) of the homeless individuals who received outreach were identified as having a serious mental illness.
- Enrollment in the PATH Program significantly dropped this past year. Only 2% of the eligible outreached individuals were formally enrolled. Over the past four years PATH enrollments ranged from as low as 8% to a high of 30% of the outreached individuals. The average enrollment into the PATH Program for the past four years was 18%. This past year's enrollment dropped by more than 50% when compared to the lowest or average PATH enrollment for the past four years. PATH case manager's activities are tracked quarterly. In the first two quarters of last year both outreach and PATH enrollment were identified as being down from previous years. Initially this was attributed to the PATH assigned case manager as being new to the position and process. In the last two quarters of last year outreach services by the case manager increase significantly. However, PATH enrollment did not increase. In reviewing the lack of formal enrollment in the PATH Program with the assigned case manager, it was identified that eligible homeless mentally ill individuals were being placed into housing and offer treatment services. As a result the case manager was not formally enrolling clients into PATH. This was viewed as significant oversight by the case manager and resulted in some internal program changes so that this would not occur again.
- Of the homeless individuals enrolled in PATH, 100% were identified as "literally" homeless. The PATH case manager provided no formal outreach contacts to individuals from institutional settings, i.e., local psychiatric hospital, jail.

2. Indicate the amount of federal PATH funds the organization will receive.

Washington State 2011 PATH Application
Greater Columbia--CWCMH Intended Use Plan

Comprehensive has budgeted \$77,004 for the PATH program. \$57,466 is being requested from the grant, of which \$39,525 is for salary and partial benefits for a case manager, and \$4,394 is for Palm Pilot Project, contract and equipment, funded at the state level. Comprehensive will contribute \$19,538 in Match. See SF 424 Budget Information for Comprehensive 2010 and budget summary justification for costs

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1. The projected number of adults clients to be contacted using PATH funds.

The Comprehensive PATH program proposes to make 225 outreach contacts with homeless individuals. This estimate is based on two factors. First, annually for four of the past five years outreach contacts by the PATH case manager have been over two hundred (200). The fifth year was not included because Comprehensive had provided two additional positions to the PATH that was not part of the grant. Outreach contacts for that year were significantly higher because of the added staff. Currently the PATH Program is operating again with a single case manager. The second reason for the proposed outreach is based upon Yakima County's Point-in-Time survey. Point-in-Time (PIT) 2010 survey data for Yakima County is not available. A PIT survey was conducted in Yakima County at the end of January 2011. Data from that survey was not available at the time this application was processed. However, preliminary review of the PIT for 2010 does seem to indicate similar findings to the previous year. One noted factor in the preliminary review of 2010 PIT data is that there may have been a drop in the number of unsheltered homeless within Yakima County. Point-in-Time survey for Yakima County conducted in 2009 reflected that the City of Yakima, for which the PATH program primarily serves, identified 418 homeless individuals. This 418 represents 31.8% of the total homeless for Yakima County. The percentage of mentally ill homeless within Yakima County was 13.6%. Using the percentage of mentally ill homeless within Yakima County extrapolated to the number of homeless individuals in the City of Yakima, reflects that less than 60 of the homeless individuals had a mental illness. However, national over site of PIT survey finding recommend that finding from surveys should be expanded times two to account for individuals that do not partake in the survey process. This means that the 418 should be expanded to 836. Taking the National Homeless Coalitions average of 26% of homeless individuals have a mental illness against the number of homeless for the City of Yakima, the estimation would be that over 200 homeless individuals have a mental illness. Given previous years' PATH Program performance as noted above in item #1, the estimated 225 outreach contacts appears to be a reasonable expectation for this forthcoming year.

a.2. Projected number of adult clients to be enrolled using PATH funds.

It is estimated based upon past enrollment that Comprehensive's PATH program will enroll approximately 65 individuals for the forthcoming grant year.

Washington State 2011 PATH Application
Greater Columbia--CWCMH Intended Use Plan

a.3. Percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

It is estimated that ninety percent (90%) of PATH enrolled individuals will be “literally” homeless.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

PATH funds primarily support the Case Manager position. Case management activities of outreach and supportive services will be the primary activities. Additionally the PATH program has a designated van. PATH funds are used to help pay for fuel to operate the van. The PATH van can and will be use to assist individuals as a mean of transportation to engage with agencies to make application on entitlements and keep other key appointments in order to integrate them into community housing. Additionally, a small portion of the PATH funds are designated to supplies. Some supplies are purchased at times for enrolled PATH clients initially to add them in their transition to housing until their entitlements become activated.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

As indicated in item a4 above PATH funds awarded are primarily for case management services. Street outreach and ongoing case management of enrolled PATH clients is a critical part of maintaining individuals in community housing and linking them the various services. Street outreach by Comprehensive’s PATH case manager is the only such outreach currently being provided within the City of Yakima. Ongoing case management is a critical link to aiding activation of clients into ongoing physical and mental health care providers.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

This agency is not reporting data through HMIS data standards methods but collect data through a special PATH data collection process established within the state. However, some of the individuals that the PATH case manager provides outreach to along with enrolled PATH clients are being enrolled into the Yakima County’s HMIS. This occurs because Comprehensive shares its PATH office building, “107 House”, with another agency, La Casa Hogar, which makes available services to homeless and at risk homeless individuals, see item C “La Casa Hogar” below. In doing so PATH clients that come to the homeless drop in center will be entered into the Yakima County HMIS. This was started to help Yakima County improve identifying the number of homeless individuals. However, these individuals are not entered into the system as PATH enrolled individuals but only their homeless status. Additionally the PATH case manager does not use the Yakima County HMIS currently to track and update PATH clients’ status.

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a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Within the PATH funds a portion is allocated to training. The PATH case manager is provided opportunities to participate in various training. Emphasis is placed upon attending or participating in training that is evidenced-based. For example "Motivational Interviewing" is one form of evidence base training. Additionally Comprehensive is supportive of a number of evidenced based treatment service to both mental ill and co-occurring disorders. An example of evidence based practice used at Comprehensive is the Enhancement Model/Trauma Informed Care. This and other evidence based practice trainings occurring at Comprehensive are made available to the PATH case manager in order to aid in serving the homeless.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

This agency currently does not support training for implementation of HMIS training and activities to migrate PATH data into HMIS. However, Comprehensive does participate in Yakima County HMIS and training on the HMIS is made available by the County.

Comprehensive anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

b. List services to be provided, using PATH funds (see the RFA for PATH eligible services);

PATH funds will support a 1.0 FTE case manager position to provide outreach services to homeless individuals with mental health and/or co-occurring disorders who are treatment resistant and difficult to place. This use of PATH funds to support the 1.0 FTE case manager is consistent with past PATH grant funding utilization. Services to be available from the PATH funded case manager are as follows:

Outreach Services: The PATH case manager provides outreach services, seeking out homeless individuals with mental illness and/or co-occurring disorders directly living on the streets or in shelters. Additionally the PATH case manager is utilized to outreach individuals who come in contact with Comprehensive's Acute Care Services or who are being discharged from psychiatric hospitalization and are not accepting of treatment services, along with having no community placement (homeless). In addition, Comprehensive staff assigned to the Yakima County and Yakima City jails will be able to refer individuals coming out of detention and who meet homeless criteria to the PATH case manager. The case manager provides direct face-to-face contact with

individuals in various settings, i.e., mission, the streets, along the river and under bridges in order to engage them into PATH. Outreach contacts are designed to first develop trust and rapport with homeless individuals in order to allow for future contacts. While making outreach contacts the PATH case manager is screening individuals for referrals to appropriate resources. Although the primary goal of outreach is engagement and enrollment of the homeless individual in PATH in order to provide housing, treatment and entitlement services, there are individuals who may not be accepted but can be offered other resources to aid them.

Case Management Services: The case manager provides case management services to enrolled PATH homeless individuals. The case manager will routinely keep in contact with homeless individuals in various settings, i.e., mission, the streets, etc., in order to motivate them, through ongoing rapport building, to gain entitlements, housing and accept treatment services. The case manager does not place strong expectations on such individuals to engage in the treatment process, but instead employs a process of developing a trusting relationship with the individual. The case manager in partnership with the homeless individual develops a service plan with goals and objectives that meet the individual's needs and preferences. This plan helps direct the case manager in his efforts to assist the homeless individual in obtaining necessary entitlement services such as medical, shelter, food, personal care needs, housing and other services. The Comprehensive PATH case management service continues to be the primary direct outreach service to homeless individuals in the Yakima community with a mental illness or a co-occurring mental illness and chemical dependency disorder. The Comprehensive PATH program plays an important role in helping ensure homeless individuals who are in need of treatment services but are not Medicaid eligible are provided assistance to obtain Medicaid and other entitlements, i.e., SSI, SSDI, GAU, which provide for housing, food and personal care needs in order to stop their homeless cycle.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Mental Health: Comprehensive makes its Evaluation Services available to all PATH individuals who are Medicaid eligible. Evaluation Services provide for telephone or walk-in screening in order to schedule an intake assessment to determine ongoing treatment needs. The intake assessment is a full evaluation that includes an identification of presenting problems of the individual, a psychosocial history, and a diagnostic impression by a mental health professional. For clients that are not Medicaid eligible, limited mental health crisis services are available to homeless individuals. Mental health crisis service provides for an evaluation of the immediate mental health needs of the individual. Following the evaluation, limited services, i.e., individual treatment, case management, and/or medication management can be offered to help reduce the

crisis. In addition, Comprehensive will make available its full range of services to homeless individuals that are Medicaid eligible and accept mental health services. As a community mental health center, Comprehensive provides outpatient services, case management services including Assertive Community Treatment (ACT), alcohol and drug treatment services, and structured, supportive and supervised residential services, i.e., Supportive Living, Group Home, Boarding Home, Adult Intensive Residential Treatment Facility, Detox facility, a Skilled Nursing Facility, and Acute Care Services emergency evaluation of involuntary detention for psychiatric hospitalization.

Health Services: The PATH case manager collaborates closely with a community health clinic, Yakima Neighborhood Health Services (YNHS), in Yakima to deliver outreach health service to homeless individuals directly into the community and onto the streets. Nurses from YNHS accompany the case manager into the community to make direct contact and outreach to homeless individuals in order to provide medically needed service. Additionally, the PATH case manager can bring homeless individuals needing medical and/or dental services to YNHS, which has a specialty clinic site to serve homeless individuals. These services are at no cost to homeless individuals. Additionally, YNHS and Comprehensive collaborate to integrate mental health services into the primary care setting. During the active work week, a psychiatrist from Comprehensive is on-site at YNHS. This staff can and has provided necessary mental health treatment service to homeless individuals along with consultation to primary care physicians serving homeless individuals who would not otherwise be eligible for mental health services.

Chemical Dependency Services: Comprehensive's Dependency Health Services provides a broad array of chemical dependency services that are available to PATH referred homeless individuals who qualify for these services. The PATH case manager collaborates in a similar way with Triumph Treatment Services, which is another independent non-profit community-based substance abuse treatment center in Yakima.

Triumph Treatment Services operates a large HUD funded transitional live-in unit known as "Connections". Connections has approximately 30 apartments that the PATH case manager has utilized to place homeless individuals with co-occurring disorders. Over five years ago, Triumph staff and the PATH case manager developed a hygiene center for homeless individuals that operates out of the Connections facility. The hygiene center continues to operate six days a week and offers a place for homeless individuals to shower and wash their clothing. This is a free service to all homeless individuals in the community. The hygiene center is completely operated by volunteers from the homeless population.

Social Services: The PATH case manager collaborates with the State of Washington DSHS Community Service Office in order to access entitlements for

homeless individuals. Such entitlements provide funding for ongoing health care and housing.

Yakima County had been awarded grant, HGAP, funds from the State of Washington. This grant augmented PATH services in the City of Yakima. Funding from the grant was used to provide additional case managers that provide homeless outreach and preventive services to individuals and families. The funding from the HGAP grant made available six case managers that were assigned to other social service and community organizations serving homeless individuals and families. Comprehensive's PATH case manager has been a lead to the HGAP case managers in coordinating housing and services needs to mentally ill homeless individuals. However, the grant end last year and the City of Yakima could not sustain the additional case manager positions. So again, the PATH case manager service will again be the only service providing direct outreach to homeless individuals within the community.

Community: The PATH case manager continues to develop support from a number of community low-income affordable housing owners to place homeless individuals in an apartment. In most cases this housing is for homeless individuals who have not established full entitlements, i.e., Medicaid, and are not yet willing or eligible to accept ongoing mental health treatment. Such housing attempts to focus on a "housing first" concept in order to get the homeless individual off the street and provide an opportunity for temporary placement in order to engage the individual more readily.

- La Casa Hogar, a non-profit interfaith community service agency, continues to serve homeless individuals and continues to work with the PATH case manager. La Casa Hogar is an organization that provides food, clothing, bus passes and limited HUD housing to homeless individuals, families and those at risk of becoming homeless.

La Casa Hogar continues to share a two-story house with Comprehensive's PATH program. The house is known as the "107 House". It is the only homeless drop-in center in the City of Yakima. The second floor of the house provides four crisis apartments for individuals with a mental illness and/or a mental illness and a co-occurring substance abuse disorder. This housing primarily serves individuals enrolled in treatment services with Comprehensive who are or might be at risk of becoming homeless. Additionally, these apartments are made available to the PATH case manager as a housing first opportunity for enrolled PATH homeless individuals. The crisis apartments are temporary housing and typically last two to three weeks until more stable permanent housing can be identified.

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The main floor of the house provides office space shared by PATH staff and La Casa Hogar Interfaith Coalition staff who collaboratively provide a resource and drop-in center for the homeless. Last year the “107 House” served 1,492 homeless individuals, this is an unduplicated count. Homeless individuals served by PATH are included in this count. Additionally the center served 4,152 individuals and families that were at risk of homelessness.

- St Vincent DePaul Society of Yakima provides for clothing, hygiene products, and money to make payments for housing utilities for PATH-enrolled individuals.
- Local churches in and around the City of Yakima downtown area have also worked closely with the PATH case manager. Members from these churches continue to operate a “sandwich” program to feed homeless individuals on Sundays because there still are no free food kitchens open.
- Avail, a community nursing service in Yakima, continues to work closely to help support homeless individuals and adopted Comprehensive’s PATH program as the recipient of its charitable donations. In grant year 2005, Avail donated a new van to Comprehensive’s PATH program for sole use by the case manager to help better serve homeless individuals. The van continues to provide transportation for the case manager to use with homeless individuals. The van carries supplies, i.e., water, packaged food and clothing needed by the homeless. The van also provides shelter during the winter months when the case manager is conducting outreach interviews with homeless individuals.
- Homeless Network of Yakima has continued to rely on the PATH case manager as a lead person to provide direction and support around the needs of homeless individuals with a mental illness or a co-occurring mental illness and a chemical dependency disorder.
- The Yakima Mission - The Mission is a faith based organization that provides the only shelter homeless beds in the City of Yakima. The shelter operates on a first come first served bases. Besides providing for a bed at night the Mission offers meals to homeless individuals. The PATH case manager does collaborate with Mission staff to help aid and identify homeless mentally ill individuals that are in need of more permanent housing and treatment.

d. gaps in current service systems;

There continues to be gaps in affordable housing options for single homeless persons with mental illness under the age of 55. Funding made available by State of Washington legislative initiatives are having some impact on available

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housing. However, because of the economic down turn the initiative has fallen short of providing a continuous flow of funding to address the affordable housing needs. However, some recent grant funding from HUD to Yakima County does offer some hope for expansion of affordable housing.

Affordable housing during the harsh winters within the Yakima Valley continues to be a challenge for the homeless. Because of this need, the Homeless Network of Yakima and the County of Yakima established an Extreme Winter Housing Project. Funding from the Yakima County and approval from the City of Yakima has continued to allow local churches to establish shelters for homeless individuals and families during the past winter months.

There continues to be a need for homeless services for persons under the age of 18 years old. Comprehensive donated a house to a community organization for the development of a youth drop-in center. The youth drop-in center, "Rod's House" has now been operational for almost two years. However, there is no overnight housing for youth at this facility.

Transportation for the homeless within the community is limited to bus service. In addition, there are limited resources to provide funding to homeless individuals in order to purchase bus tokens, required ID, or birth certificates that will aid them in obtaining housing and employment. Employment services in Yakima do not target the special needs challenging homeless individuals. However, donations from various members of the Homeless Network of Yakima County have established funds for transportation use.

A continued significant gap in service is the limitation placed upon the State of Washington, the Regional Support Network (RSN) and its providers restricting mental health funding allocated by the Centers for Medicare and Medicaid Services (CMS) to the Medicaid-eligible population only. This means that mental health treatment services are dependent upon a homeless individual meeting Medicaid eligibility. Homeless individuals enrolled in PATH who are willing to accept ongoing mental health treatment may not be admitted to treatment services because they are not Medicaid eligible. Further, enrolled PATH individuals who cannot be admitted to treatment services because of their Medicaid eligibility place an additional burden upon the PATH Program case manager by having to maintain ongoing case management support for these individuals and possibly limit access to other homeless individuals.

- e. services available for clients who have both a serious mental illness and substance use disorder;

Comprehensive PATH services links closely with its Acute Care Services triage services and Evaluation Services. These two services are entry points to ongoing mental health treatment by Comprehensive. Qualified individuals can fast track those needing treatment services for co-occurring mental illnesses and

substance use for both a mental health and substance abuse assessment. Crisis psychiatric evaluation services are also available in the event there is a need for medications. Following an assessment, an individual can be placed in the Comprehensive specialized co-occurring disorders program. Additionally, Comprehensive has two residential services with a specialized focus on individuals with a mental and substance abuse disorder. One is a residential Detox facility. This facility is located within the immediate proximity of Comprehensive Acute Care Services triage services. Substance abuse staff from the Detox facility and mental health staff from Acute Care Services work closely together to provide collaborative services to homeless individuals who have a co-occurring disorder and need this level of care. Comprehensive operates a specialized co-occurring disorders residential based treatment service. PATH homeless individuals have had access to this program in the past and will continue to do so if this level of care is necessary.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Affordable housing for the homeless is a gap in service identified in 3d above. As described in 3c Community above, the PATH case manager has developed relationships with local affordable housing owners to bring homeless individuals off the street on a "housing first" concept. Additionally, Comprehensive crisis and emergency apartments are made available to homeless individuals enrolled in PATH. By utilizing the crisis and emergency apartments, a close link for the homeless individual is established with treatment services staff, thus allowing the individual to develop a relationship and willing to accept treatment. Once an individual is enrolled in treatment, Comprehensive Supported Living housing is made available to individuals. Comprehensive's Veteran Homeless Housing Program can be accessed in the event the homeless individual is a veteran. Most notably is that Comprehensive has five HUD McKinney Shelter + Care (S+C) housing. This housing is solely for PATH homeless individuals. S+C is permanent housing meaning homeless individuals can resided in the apartment indefinitely as long as they follow the established requirements.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Comprehensive continues its involvement with Yakima County's Continuum of Care Plan, which is overseen by the Homeless Network of Yakima County. The Network has over forty community organizations or agencies represented in its membership. These include representatives from organizations such as Yakima County, the United Way, Habitat for Humanity, mental health providers, substance abuse providers, legal services, Salvation Army, YMCA & YWCA, Yakima County Homeless Coalition, faith based groups and shelters and other emergency housing

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providers. The network meets monthly. Besides monitoring the Continuum of Care 10 year plan, the network fosters collaboration by addressing the needs of the homeless, increasing the community's awareness of homelessness, participating in developing and supporting public policy to assist homeless people and working toward ending homelessness in the community. The Comprehensive PATH case manager, the Division Director who directly oversees PATH and its Senior Vice President for Clinical Services routinely participate in Network meetings and activities. The Vice President is also the chair of the Network's HMIS subcommittee and a member of Network's Executive Committee.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

Yakima County is a rural county located near the geographical center of Washington State. Yakima County has a population of over 239,000. The highest population is concentrated in the City of Yakima with a population slightly over 82,000. Although the City of Yakima is classified as urban, the remainder of the county is rural and covers a large geographic area with numerous small towns. Yakima County's revenue base is primarily agricultural. The county is home to a large Hispanic population (42%). In some communities within the county, the Hispanic population is over 85%. Additionally, the county is home to the Yakama Nation. Native Americans make up approximately 4.5% of the population. There is also a small contingent of African-Americans and Asians in the county.

The Homeless Network of Yakima County conducts an annual street count Point-in-Time (PIT) Survey of the homeless. Annually the PIT surveys are conducted at the end of January. The survey for 2010 was conducted in January 2011. As indicated earlier data from the 2010 survey was not available when this application was processed. However, preliminary reports from Yakima County indicate that homeless data appears to be similar to 2009. The Yakima County 2009 PIT survey reflected there were 1,314 homeless individuals in the County. This is higher than the 2008 data which was 1,055. Twenty-seven percent (27%) of the homeless were identified as being in some sort of shelter and 8% in transitional housing. Eight percent (8%) were living outdoors, in vehicles or in abandoned buildings. Approximately 64% of the homeless are adult, age 18 years old or older and 36% are youth/children. Twenty-nine percent (29%) of the homeless identified mental health or substance abuse as a disability condition.

Comprehensive's PATH data for 2010 shows that 45% of the homeless individuals enrolled in PATH were male and 55% were female. Thirty-one percent (31%) were between the age of 18 and 34 and 44% between the ages of 35 and 49. The remaining 23% were between the ages of 50 and 64. Thirty-three percent (33%) of

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homeless individuals enrolled in PATH were living on the streets. Forty-four percent (44%) of the PATH enrolled individuals had a co-occurring substance abuse disorder along with their mental health disorder.

The Comprehensive PATH program primarily impacts homeless individuals in the City of Yakima. As a result, the PATH case manager encounters a diverse population of homeless individuals. The PATH program has access to and is integrated with Comprehensive's long history, i.e., over 37 years of providing mental health and substance abuse service to the community. Comprehensive's broad range of services is indicative of the diversity in service needs of the individuals it serves. Given that Comprehensive serves communities with a high Hispanic population, it has designated bilingual/bicultural clinical positions to better serve individuals in the community.

All staff entering Comprehensive employment, including the PATH case manager, must meet core competencies and are tested for gender/age/cultural clinical competency. Diversity training is also required of all new employees and on an ongoing basis. Mental health specialists, e.g., minority, developmental disabled, children and geriatric are available and expected to be consulted with whenever a special population individual is being engaged in services. Comprehensive has a number of bilingual/bicultural clinical staff at various levels, e.g., mental health assistants, case managers, therapists, RNs and psychiatrists, for the large Hispanic population it serves. In the event staff is not available, non-clinical translators are available. All information provided or posted is made available in Spanish and several other languages along with being gender and age friendly in an attempt to best serve individuals.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

The PATH case manager continues to engage and encourage homeless individuals to help operate the daily hygiene center. (See 3c Homeless Network of Yakima above.) This is done under the direction of the PATH case manager and in conjunction with transitional housing from Triumph. (See 3c Chemical Dependency Service above.)

In conjunction with the Homeless Network of Yakima County Point-in-Time survey conducted annually in January, a Project Homeless Connect (PHC) was held. Over twenty community services came together at the Yakima Convention Center to make their services available to homeless individuals and families. Services and items such as dental screening, eye glasses, haircuts, phone calls, immunizations for adults, and mental health and substance abuse referrals for treatment were made

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available free. Comprehensive's PATH case manager and clinical staff from its outpatient services participated in the Point-in-Time survey and the PHC.

Five years ago, the PATH case manager and an enrolled PATH individual were instrumental in establishing a memorial ceremonial night in the City of Yakima honoring those homeless individuals who have died on the streets. This memorial ceremony continues to be an annual event that has expanded to include members from other community organizations that serve or assist with the homeless in Yakima

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Greater Columbia RSN -- Central Washington Comprehensive Mental Health

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$31,000.00	\$12,937.00			\$43,937.00	
b. Fringe Benefits	\$8,525.00	\$3,558.00			\$12,083.00	
c. Travel	\$1,000.00				\$1,000.00	
d. Equipment	\$250.00				\$250.00	
e. Supplies	\$4,883.00				\$4,883.00	
f. Contractual	\$4,141.00		\$4,395.00		\$4,141.00	
g. Construction					\$0.00	
h. Other	\$7,414.00	\$3,043.00			\$10,457.00	
i. Total Direct Charges (sum of 6a - 6h)	\$57,213.00	\$19,538.00			\$76,751.00	
j. Indirect Charges					\$0.00	
k. TOTAL (sum of 6i and 6j)	\$57,213.00	\$19,538.00			\$76,751.00	
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

**Central Washington Comprehensive Mental Health (Comprehensive)
PATH Budget FY 2011 Justification**

a) Personal – 1.0 FTE Case Managers will provide outreach services to homeless individuals with mental health and/or a co-occurring substance abuse disorders. Also covered is Administrative costs i.e., supervision, data and budget management.

Comprehensive is requesting the grant cover the full cost of the case manager's salary at \$31,000. Salary cost for administrative and supervisory staff to manage the PATH program will be Match provided by Comprehensive at \$12,937.

b) Fringe Benefits – Benefits are valued at 27.50% and is comprised of payroll, unemployment, labor and industries, participation in the company's self-funded medical, vision and dental insurance program, life and long-term disability insurance, and the employer-sponsored pension plan.

Comprehensive is requesting the grant cover seventy-three percent (100%) of the cost of the fringe benefits for the case manager at \$8,525. Fringe benefits for administrative and supervisory will be covered as Match by Comprehensive at \$3558.

c) Travel – Because the case manager provides primarily outreach services directly to homeless in the community significant travel will be incurred. For the grant year 2011 Comprehensive PATH case manager will use a van that was donated exclusively for the program. Travel cost to be incurred by the grant and will cover cost of gas to operate the van.

d) Equipment – Supportive funds are required for a Palm Pilot Project which will help the case manager capture required state data on PATH services and clients. A Palm Pilot is used by the case manager while providing direct outreach in the community. The case manager enters client data directly into the Palm Pilot then retrieves the data in order to enter into a main data file once back in the office. Comprehensive is requesting the grant cover the cost of the Palm Pilot equipment at a cost of \$250.

e) Supplies – The case manager needs supplies to support work such as office and operational supplies i.e., forms, paper, folder for medical records, copying etc. will be used for these supplies. Additional emergency funds for clients served under this grant are requested. This would include food, clothing and other health and safety necessities. Comprehensive is requesting the grant cover 100% of supplies cost at \$4,833.

f) Contractual – Supportive funds for Palm Pilot Project software and supportive services are required to aggregate and summarize collected data. As indicated the Palm Pilot Project allows the case manager to capture required data directly in the field while serving clients.

Comprehensive is requesting the grant cover the full cost, \$4,142 of contract service with an independent provider identified by the state to support the Palm Pilot Project.

g) Constructions – N/A

h) Other – This is comprised of cost for:

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- Telephone both landline and cellular use for the case manager at an annual cost \$1000. This amount will be charged to the grant.
- Office Space utilization for the case manager is estimated at a cost of \$7477 annually. Comprehensive will cover 41% (\$3,043) of this cost by Match and is requesting the grant cover the additional 59% (\$4,434) Training for ongoing education to the case manager to help improve service delivery to homeless. A total of \$1,500 is planned for training expenses for the case manager. This will be charged to the grant.
- Information Services (IS) support. The Palm Pilot data is maintained on a local computer assigned to the case manager. IS provides minimal support service to the computer to assist in data management. Cost for IS maintenance services is \$40 per month for a total of \$480. This will be charged to the grant.

Total cost for "Other" category is \$ 10,457 of which 71% is requested to be covered by the grant and the remaining 29% will be covered by Match from Comprehensive

Comprehensive will ensure Match allocated contribution as designated in budget on SF-424.

Washington State 2011 PATH Application
Greater Columbia—Lourdes Counseling Center Cover Letter



509-735-8681 or 1-800-795-9296, Fax 509-783-4165, <http://www.gcbh.org>, 101 N. Edison St., Kennewick, WA 99336-1958

March 3, 2011

Hank Balderrama
Division of Behavioral Health
P.O. Box 45330
Olympia, WA 98504

RE: 2011 PATH Grant

Dear Mr. Balderrama:

The Lourdes Counseling Center PATH application will result in forty-nine thousand, two hundred and thirteen dollars (\$49,213) in PATH funding. GCBH will assure that there is a minimum of sixteen thousand, seven hundred and thirty-two dollars (\$16,732) in local match or non-federal dollars as match.

All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Roughton", is written over a horizontal line.

Ken Roughton
Director

Cc: Troy Wilson, GCBH CFO
Jamie Gier, GCBH Auditor

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Lourdes Counseling Center (LCC) is an outpatient community mental health center serving Benton and Franklin Counties within southeastern Washington State and a regional inpatient acute psychiatric hospital. LCC is a member provider of the Greater Columbia Behavioral Health Regional Support Network (RSN) that is made up of mental health service providers from eleven counties and one Native American Nation.

As a community mental health center and inpatient psychiatric facility, LCC provides a broad range of services to adults, children and senior adults. LCC served 4,198 unduplicated clients in fiscal year 2010. Approximately 3,101 (74%) served are adults with the other 1,097 (26%) being youths, those seventeen years old and younger. LCC is an evaluation and treatment facility for involuntary detention for psychiatric hospitalization. LCC provides outpatient mental health treatment services that include community based case management, PACT, individual and family therapy, medication management, jail services, social and employment services, transitional housing and a school based children's day program. Additionally, LCC provides outpatient substance abuse services including a MICA/co-occurring disorder program.

2. Indicate the amount of federal PATH funds the organization will receive.

Lourdes Counseling Center will receive \$49,213 from the federal PATH grant. See the SF- 424 Budget Information and narrative for our plan.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1. The projected number of adults clients to be contacted using PATH funds.

We project that the PATH case manager will make contact with 135 homeless individuals. A homeless individual is defined as an individual who lacks housing (without regard to whether the person is a member of the family), an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who resides in transitional housing.

Washington State 2011 PATH Application
Greater Columbia—Lourdes Counseling Center Intended Use Plan

a.2. Projected number of adult clients to be enrolled using PATH funds.

We estimate that 55 homeless individuals will be enrolled in PATH services during this coming grant year.

a.3. Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Lourdes' projects that 75% of the individuals served with PATH funds will be literally homeless.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Our PATH case manager shall utilize available resources in our community and work to strengthen our existing relationship with organizations that oversees federal housing grants. We plan to extend our partnership with Salvation Army, utilize our own agency's programs i.e., Lourdes MICA program as needed, and free medical/counseling services provided through Grace Clinic.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

In keeping with SAMHSA's Strategic Initiative on Recovery Support, the PATH case manager shall work to increase the number of outreach and case management contacts made during this coming year. The agency's PATH case manager shall continue to focus on doing outreach in areas where the majority of our community's homeless congregate i.e., the Union Gospel Mission. He shall maintain a good working relationship with Community Action Committee, our primary agency responsible for overseeing federal housing grants, and provide case management services when assisting individuals through the referral process for permanent housing. So, that we may maximize our support to this vulnerable population, the case manager shall assist the PATH enrollee with accessing other community resources/opportunities to socialize, pursue educational and/or employment goals as he works toward recovery.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Lourdes Counseling Center's PATH program is not reporting data through both PATH and HMIS data standards methods. We are aware that a study is being conducted by state PATH staff to assess current readiness among

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PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan. Lourdes does not currently have network connections thus Lourdes IS Dept. cannot verify whether the agency can make the transition without understanding the solutions.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Lourdes' provides training opportunities for the PATH case manager within the organization and community, outside the annual mandatory training that is required under the terms of the case manager's employment. Our agency supports and practices the following evidenced-based practices/models i.e., motivational interviewing, ACT program, Illness Management Recovery, Cognitive Behavioral Therapy, WRAP, and Integrated Dual Disorder Treatment.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Lourdes' currently supports training for implementation of HMIS training and activities to migrate PATH data into HMIS. This agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We plan to cooperate with these efforts to the best of our ability.

During the previous funding period, the PATH case manager made contact with 132 homeless individuals. Of these contacts 53 were enrolled into PATH services. LCC projects that its PATH program will make contact with 135 homeless individuals. Of those homeless individuals contacted, it is estimated that 55 will be enrolled in PATH services during the coming grant year. It is projected that at least 75% of the individuals served by the LCC PATH program will be "literally" homeless. The other 25% who following discharge from institutional settings e.g., psychiatric hospitals, jail, residential services etc., may be at risk of homelessness because they are refusing ongoing treatment service, have no community placement/housing and in most cases lack any income/funding to support themselves.

b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

- Outreach
- Screening and Diagnostic Treatment Services
- Habilitation and Rehabilitation
- Staff training
- Case Management

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- Referrals for primary health services, job training, educational services, and relevant housing services
- Community Mental Health
- Alcohol or Drug Services
- Housing services as specified in Public Health Service Act
 - Planning of Housing
 - Technical Assistance in applying for housing assistance
 - Improving the coordination of housing services
 - Security Deposits
 - Costs associated with matching eligible homeless individuals with appropriate housing situations
 - One-time rental payments to prevent eviction

PATH funds will be used to primarily support a 1.0 FTE outreach worker level position to provide outreach and case management services to homeless individuals with mental health and co-occurring disorders who are treatment resistant and difficult to place. The PATH case manager provides outreach to homeless individuals with co-occurring disorders living on the streets or in shelters. Additionally the outreach worker is utilized to serve individuals who come in contact with LCC and upon discharge from the psychiatric hospitalization are not accepting of treatment services and have no community placement plans. LCC staff assigned to the Benton and Franklin County jails shall refer individuals coming out of detention and who meet homeless criteria to the PATH outreach worker. The PATH outreach worker often receives referrals from local hospital emergency rooms, law enforcement, B/F Crisis Response Unit & the B/F Community Action Committee.

The PATH outreach provides outreach services to keep in contact with individuals in various settings, i.e., Union Gospel Mission, shelters, transitional housing, the streets in order to address basic needs, engage, motivate, build rapport, establish housing, and transition to community mental health services. The outreach worker does not place strong expectations on such individuals to engage in the treatment process, but instead employs a process of developing a trusting relationship with the individual. The PATH outreach worker screens for signs and/or symptoms indicating mental health problems.

The outreach worker through case management assists clients with gaining necessary entitlements, i.e., disability benefits, and services such as medical, shelter, food, personal care needs, mental health and drug and alcohol services and educational/job training etc. The PATH outreach worker investigates with the enrollee his or her needs for housing, explores and educates about available options, and then connects him or her to these resources. For example, someone that is homeless due to a domestic violence situation would be connected to Benton-Franklin

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Domestic Violence Services. Once an enrollee is engaged in recovery and has benefits in place the outreach worker transitions the enrollee to ongoing psychiatric treatment services within the community. The PATH worker will support the enrollee as he/she transitions from the PATH program to receiving either or both community mental health or alcohol/drug services. Although mental health and alcohol/drug services are not directly funded through PATH, funding is provided for the time the PATH worker spends with the enrollee in assisting, engaging, and sustaining the enrollee in these services.

LCC shall work closely with the Lourdes Health Network grant writer to seek additional funding to supplement housing costs i.e., rent and security deposits. Although this past year, LCC was not successful in obtaining additional funding for this purpose, we shall continue to work towards this goal.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

- Community Action Committee (CAC)
- Salvation Army Housing Services
- Apartment complexes (Sacajawea, Meadow Park, Kamiakin)
- Benton & Franklin Counties Crisis Response Unit (CRU)
- Catholic Family Services
- Nueva Esperanza Counseling Center
- Lourdes Health Network – Riverview Clinic (LHN)
- Benton & Franklin Counties Dept. of Human Services
- Department of Social and Health Services (DSHS)
- Union Gospel Mission
- Food Banks (Salvation Army, St. Vincent de Paul, Tri-City, Harvest Outreach)
- Medical Clinics (Grace Clinic, La Clinica, Mirmar Health Center)
- Motels (Sage and Sun, Tahitian)

Mental Health / Health Partners

A goal of the PATH program is to create a continuum of care that leaves no one behind in recovery. We will work with the other mental health providers in the community to develop that network (i.e., Crisis Response Unit, Catholic Family Services, Nueva Esperanza Counseling Center, and Lourdes Health Network).

Three years ago, Lourdes Counseling Center received federal funding to develop a Program for Assertive Community Treatment (PACT) team within our community. The focus of the PACT team is to work collaboratively with participants to address a full range of needs, including obtaining housing,

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securing benefits, gaining employment, and chemical dependency counseling/treatment. LCC (PACT & PATH) developed a memorandum of understanding with CAC with a primary focus of retaining confidentiality and continuity of care for our mutual clients. The collaboration between the two agencies remains strong and we shall continue working together to secure housing for PATH enrollees.

Basic Need Partners

It is a reality of the homeless that many basic needs go unmet. We will engage with food and clothing banks, faith based organizations and other community members to address these needs (e.g., DSHS, Second Harvest, Salvation Army, Tri-City and Harvest Outreach Food Banks, Union Gospel Mission). We will continue to develop new partnerships with businesses or service organizations that will help us to provide the basic needs to our clients. This past year, LCC collaborated with a community college nursing student to promote the needs of the homeless and mentally ill population by organizing a drive for hygiene products. The drive was very successful and we plan to continue with this project as needed.

Housing Partners

We shall work with homeless individuals to secure safe transitional housing. The long-term goal is to build a sense of community by seeking and sustaining permanent housing. This creates stability in a person's life enabling them to pursue recovery. Our partners will provide housing and resources to secure housing for enrollees (i.e., B/F Dept. of Human Services; Community Action Committee; Sacajawea, Meadow Park, Kamiakin Apartments, Salvation Army, Lourdes Counseling Center (mental health transitional housing); and Domestic Violence Services).

The Benton Franklin Community Action Committee remains our primary referral source for provision of housing. CAC has provided funding for several homeless and mentally ill PATH enrolled individuals this past year. The B/F Dept. of Human Services also employs a Housing Program Specialist to manage the Shelter Plus Care, a program designed to provide housing and supportive services on a long term basis for homeless persons with serious mental illness and/or co-occurring disorders. In addition, this program provides rental assistance (rent is paid to the landlord through the program) for mentally ill individuals who because of a criminal background may be denied other community housing. The PATH case manager will continue to pursue new relationships and build on the relationships we currently have to provide a variety of housing options to the homeless.

Although Lourdes Counseling Center has not received United Way funding for housing for the past few years, we shall continue to pursue that partnership and/or obtain additional grants with assistance from the Lourdes Health Network

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grant writer. As a recipient agency, LCC is involved in the network of other agencies in the community that help those in need.

Other Community Partners

There are other partners not listed that have joined us in the pursuit of ending homelessness and/or providing for the needs of the PATH enrollees. These partners include churches, service organizations, McDonald's Restaurants, Albertson's (grocery store), and the B/F Transit. LCC shall continue to engage these partners in supporting the most vulnerable in our society. The PATH case manager developed an agreement with our local St. Vincent de Paul. In exchange for household furnishings and clothing needed for a PATH enrollee, the PATH worker shall donate unneeded donations to their organization. Other household furnishings e.g., couches, beds, and tables were donated by individuals to help enrollees transition from homelessness to housing.

d. gaps in current service systems;

- Community mental health benefit
- Community coordination of reduction of homelessness
- Medical care
- Legal problems preventing housing options
- Undocumented individual's housing options
- Limited income (unemployed, underemployed, or difficulty maintaining employment)
- Undiagnosed mental health problems
- Beginning of recovery transitioning to establishing recovery.
- Possible reduction or elimination of Disability Lifeline (GAU)
- Housing programs that restrict participation (length of time an individual has been homeless and/or clean)
- Funding for shelter when homelessness occurs on the weekend
- Limited availability of apartments – Tri-City community has a 99% rental occupancy rate

There are inadequate affordable housing options for the homeless in our community. Service options are being coordinated in partnership with CAC. CAC oversees the Benton Franklin Housing Continuum of Care. This program has created a HOME BASE 10-year plan to reduce homelessness in the community. The HOME BASE project will coordinate and link organizations in the continuum of care. The PATH outreach worker shall be a primary link between this program for those identified with mental illness and co-occurring substance abuse disorders. We have partnered with others in the community to address the specific needs of homeless mentally ill people.

There are other gaps in addition to the housing needs. These gaps include medical needs for the homeless, legal problems/issues, undocumented (as well as lacking required identification), little or no income (relative to cost of

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housing), undiagnosed mental health problems, lack of support in transitioning to recovery and 99% apartment occupancy rates in the Tri-City area. We are working with other organizations (i.e., faith based organizations, D.S.H.S., Social Security, and the Department of Motor Vehicles) to address these issues. The Housing Continuum of Care acknowledges the difficulty homeless individuals have accessing funding for shelter during weekends and that local apartment managers may be selective due to the current high occupancy rates. These issues remain unsolved. We understand that our options are limited in our community but there soon will be additional housing as new apartment complexes are being built. The PATH case manager uses his relationship with local motel and apartment managers to address this gap in services.

- e. services available for clients who have both a serious mental illness and substance use disorder;
- MICA/co-occurring disorders program through LCC
 - Substance Abuse Assessment Center
 - Benton/Franklin Community Response Unit
 - Benton/Franklin Social Detoxification Center
 - Nueva Esperanza Counseling Center

LCC PATH services are linked closely with acute care and access services through LCC and other community crisis providers e.g., Benton/Franklin Crisis Response Unit, and Nueva Esperanza Counseling Center. Individuals needing treatment services for co-occurring mental illnesses and substance use may be referred to qualified professionals for an assessment. Psychiatric evaluations also may be arranged through DSHS in the event that medications are needed. Following the assessment an individual can be placed in the LCC specialized co-occurring disorders program.

The Counties' Social Detoxification Center, operated through Nueva Esperanza Counseling Center, provides 8 crisis and 4 detoxification beds.

In order to provide continuity of care, once a PATH enrollee enters LCC mental health/alcohol treatment services (or other community agency) the PATH outreach worker shall aid the accepting treatment provider by providing them with an understanding of the homeless individual's history and needs. In addition, the PATH worker shall provide support to the individual as he transitions from involvement in the PATH program, to trusting and connecting with another primary service provider before closing him/her to PATH.

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- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

- Emergency housing/shelter
- Transitional housing
- Crisis beds
- Permanent housing
- Halfway housing

LCC's PATH outreach worker has developed and shall continue to build working relationships with organizations that provide housing alternatives for those identified as homeless as mentioned in 3c.

We are advocates in the community focusing on the wider issues of homelessness and needs of those that suffer from mental illness. In this effort we use the public platform that PATH has provided to increase public awareness of these issues. In the upcoming year, LCC shall continue providing community education to churches, service clubs, law enforcement, community oriented businesses, individuals and other organizations interested in learning about and addressing the problem of homelessness. During the past year, LCC and other parties involved with the Housing Continuum of Care worked to create a positive public perception of the issues of homelessness. We shall continue to work with local media to call attention to solutions to the issue of homelessness.

The B/F Department of Human Services oversees a transitional housing program – Sheltered Plus Care (scattered apartments and houses) and 10 mobile homes (double occupancy). Cullum House, a facility managed through Lourdes Counseling Center, provides 8 transitional beds for up to 90 days. Eight crisis beds and four detox beds are provided through the B/F Social Detox Center.

LCC has developed longstanding relationships with landlords in the community willing to work with the seriously mentally ill and those with co-occurring substance abuse disorders at Sacajawea, Kamiakin, Meadow Park Apartments, and the Bateman II Homeless Housing Program through CAC. Fourteen Oxford Homes and two Elijah Homes provide halfway housing within the two counties. The PATH outreach worker shall continue to grow our existing relationships with the Salvation Army, Community Action Committee, and the Union Gospel Mission.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

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Lourdes is a voting member of the local lead agency for the B/F Housing Continuum of Care through the Benton Franklin Community Action Committee. The Housing Continuum of Care members include representatives from each city government, local HUD, B/F County Commissioners, B/F Health Dept., B/F Human Services, School Districts, B/F CAC, B/F Community Health Alliance, Churches, Elijah Homes, Juvenile Justice, Schools, Oxford Homes, consumers of mental health, DSHS and others. This committee of community members seeks to expand options for affordable housing to the homeless, mentally ill, disabled, and to the community's underserved populations.

In the current continuum of housing these issues are addressed with traditional supports. Lourdes Counseling Center manages 8 transitional beds that are accessed through CRU. We work with consumers that are in need of this type of placement. Residents are not required to have case management or method of pay. LCC also participates in the Benton/Franklin Housing Committee, which meets weekly to discuss transitional housing and Shelter Plus housing for consumers. We have relationships with the local Housing Authorities and work with them to aid our consumers that qualify to receive housing through various HUD programs. LCC shall seek grants that support individuals' housing needs.

LCC has formed relationships in the community to provide additional housing options for the consumers that we serve. The primary focus of the Housing of Continuum of Care Committee through CAC is to develop options for affordable housing for the poor, homeless, and disabled members in our community. A memorandum of understanding and protocol was established between CAC and LCC to assure consumer confidentiality between the two agencies.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

Benton and Franklin Counties are rural counties located in southeastern Washington State. The US Census Bureau estimates in 2009, Benton and Franklin Counties had a combined population of over 245,649. The highest population is concentrated in the City of Kennewick with a population of approximately 62,276. Benton and Franklin Counties are home to a large Hispanic population – 17.0% and 50.1% respectively.

Data obtained from the our counties' 2010 Point in Time survey identified 433 homeless individuals (an increase of 14% from the last year) in the annual

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count. The numbers of homeless has started rising after having dropped for several years. Another 448 people were identified as being at-risk of homelessness. This total was up from 410 in 2009, an increase of 9%.

The LCC PATH program will primarily impact the cities of Richland, Kennewick, and Pasco and some of the small surrounding communities. As a result, the PATH outreach worker shall come in contact with a diverse population of homeless individuals. The PATH program has access to and will be integrated into the organization's over thirty five year history of providing mental health service to the community. LCC employs a multicultural staff. The current PATH case manager is bi-cultural; Hispanic and Caucasian.

All staff entering LCC employment, including the PATH outreach worker, must meet core competencies and are tested for gender, age, cultural clinical competency, and diversity awareness and understanding. Mental health specialists e.g., minority, developmentally disabled, children, and geriatric are available, and expected to be consulted with whenever a special population individual is being engaged in services. LCC has several clinical staff at various levels e.g., psychiatrists, nurses, case managers and therapist who are bilingual/bicultural Hispanic. In the event staff is not available, translators are available free of charge. All information provided or posted for clients is made available in Spanish.

The PATH case manager shall seek translation services as needed

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

LCC's mission is "an extension of the healing ministry of Jesus". We are called to serve our community, our patients, their loved ones and our coworkers with respect, compassion, and care." LCC's commitment to this mission can be seen in its long history of involving mental health consumers and family members to aid its service delivery to individuals and the community.

The PATH Outreach worker plans to engage volunteer(s) in the PATH program with hopes of increasing the number of PATH enrollees this coming year. The volunteer(s) primary purpose will be to provide support to other PATH enrollees through providing advocacy, promoting individual and family recovery, and connecting available community resources to the individual's identified needs. The volunteer(s) shall provide support to the PATH program/participants through sharing personal stories of their own recovery experience in order to promote socialization, self-advocacy and development

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of community living skills. The volunteer(s) shall advocate by educating the community through involvement in the Benton Franklin Housing Continuum of Care and public speaking engagements. The volunteer(s) shall be a current PATH enrollee and be well grounded in their own recovery.

This past year, the PATH case manager was successful in engaging two volunteer PATH enrollees. The volunteer worked with the case manager to sort and track donations of clothing and housewares. We shall continue to pursue volunteers who feel comfortable presenting to groups within the community. The PATH case manager shall encourage PATH enrollees and other consumers to assist him with advocating for the homeless e.g., collecting donations, and helping individuals move into housing. During the past year, a PATH enrollee was asked to engage in the development of a plan for implementing and evaluating the Lourdes PATH-funded services. The evaluation form was completed; it shall be presented to the enrollee to complete every three months when the relationship between the case manager and enrollee is active. Currently, there are no PATH-eligible individual(s) serving on any governing or formal advisory boards at LCC or Lourdes Health Network. Membership on the B/F Housing Continuum of Care Committee is open to any interested individual or organization.

LCC also participates in the Benton Franklin Community Health Alliance Mental Health subcommittee. This committee brings together consumers, family members, community leaders, police departments, and mental health professionals and reviews a wide range of mental health issues including homelessness.

LCC works closely with its local National Alliance for the Mentally Ill (NAMI) affiliate to ensure consumers and family members have input and feedback into services being provided.

LCC employs two consumers through the Peer to Peer Counseling Program. These LCC employees are responsible for assisting other consumers with finances, attending appointments etc.

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Greater Columbia RSN -- Lourdes Counseling Center**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$35,722.00	\$7,712.00			\$43,434.00
b. Fringe Benefits	\$8,930.00	\$1,928.00			\$10,858.00
c. Travel	\$0.00	\$100.00			\$100.00
d. Equipment	\$250.00	\$0.00			\$250.00
e. Supplies	\$0.00	\$250.00			\$250.00
f. Contractual	\$3,544.00	\$0.00	\$3,760.00		\$3,544.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$551.00	\$12,102.00			\$12,653.00
i. Total Direct Charges (sum of 6a - 6h)	\$48,997.00	\$22,092.00			\$71,089.00
j. Indirect Charges	\$0.00	\$1,818.00			\$1,818.00
k. TOTAL (sum of 6i and 6j)	\$48,997.00	\$23,910.00			\$72,907.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

Lourdes Counseling Center

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**Washington State PATH Application FFY 2011
State Summary**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		694,253	179,268			873,521
b. Fringe Benefits		200,446	64,666			265,112
c. Travel		17,789	1,254			19,043
d. Equipment		3,254	500			3,754
e. Supplies		19,586	6,369			25,955
f. Contractual		121,271	2,572			123,843
g. Construction		0	0			0
h. Other		168,429	133,200			301,629
i. Total Direct Charges (sum of 6a - 6h)		1,225,028	387,829			1,612,857
j. Indirect Charges		78,972	71,320			150,292
k. TOTAL (sum of 6i and 6j)		1,304,000	459,149			1,763,149
7. Program Income						

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
NOTE: PATH Other (6.h) is a total of 48,319 all projects + 70K DVA Reserve + 52,110 DBHR reserve					
NOTE: PATH Indirect (6.i) charge is a total of 26,812 all projects + 52,160 DBHR Reserve					
NOTE: Match Other (6.h) is total of 73,948 all projects + 59,252 Match for DVA and DBHR Admin, Reserve					
11.					
12. TOTALS (sum of lines 8 and 11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTALS (sum of lines 16-29)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

**Washington State PATH Budget
Federal Fiscal Year 2011**

(Pending Congressional Budget Passage)

**FFY 10 Allocation (Assumed
to be level funding for FFY 11** 1,304,000
Required Match @ 33.3% 434,232
Total State PATH Budget FFY
11 1,738,232

	FFY 10 Base for Contracts Beginning Oct 1, 11	Base Funding Percent of Awarded Funds	Indirect Award for NW Res Assoc.	Base Funding Plus Data Collection	Palm Pilots per Agency	Allowance for Palm Pilots	Direct and Indirect Awards	MATCH AT 34%	Recipient Budget Totals
Clark--Community Svcs NW	60,000.00	5.74%	4,704.83	64,704.83	2	250	64,955	22,085	87,039
Gtr Columbia--Comprehensive	52,821.27	5.06%	4,141.92	56,963.19	2	250	57,213	19,452	76,666
Gtr Columbia--Lourdes	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
King--DESC	124,616.84	11.93%	9,771.68	134,388.52	0	0	134,389	45,692	180,081
King--Seattle Mental Health	134,652.87	12.89%	10,558.65	145,211.51	2	250	145,462	49,457	194,918
N. Sound--Compass Health	138,570.42	13.26%	10,865.84	149,436.25	2	250	149,686	50,893	200,580
N. Sound--Whatcom Psych	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
Peninsula	51,082.05	4.89%	4,005.54	55,087.59	2	250	55,338	18,815	74,152
Pierce--Comprehensive	90,926.57	8.70%	7,129.90	98,056.47	2	250	98,306	33,424	131,731
Pierce--Greater Lakes	96,938.25	9.28%	7,601.30	104,539.55	2	250	104,790	35,628	140,418
Southwest	45,202.50	4.33%	3,544.50	48,747.00	2	250	48,997	16,659	65,656
Spokane	98,087.27	9.39%	7,691.40	105,778.67	2	250	106,029	36,050	142,078
Thurston Mason	61,500.00	5.89%	4,822.45	66,322	2	250	66,572	22,635	89,207
Totals	\$1,044,803	100.00%	\$81,927	\$1,126,730	24	\$3,000	\$1,129,730	\$384,108	\$1,513,838

(Proof) 1,126,730 (Proof) 3,000 (Proof) 1,129,730 384,108 (Proof) 1,513,838

Washington State 2011 PATH Application
State Budget Worksheet

Summary				
		Award	Match	
Federal Award		1,304,000		
Minimum Match			434,232	33.30%
Base Awards plus Palm Pilot Equip		1,047,803	384,108	
NW Resource Assoc (NWRA)		81,927		
Sub-total		1,129,730	384,108	
MHD Admin @ 4%		52,160	17,369	
Sub-total	0	1,181,890	401,477	
Special Projects, State DVA		70,000	23,800	
Total		1,251,890	425,277	
Reserve		52,110	17,717	
		1,304,000	442,995	33.97%
Total Washington PATH Budget				\$1,746,995

Notes

1. PATH projects receive level funding. This budget is based on possible revision due to Congressional passage of FFY 11 federal budget, which has not occurred as of this date.
2. Minimum funding base is \$45,202 plus allowance for data collection and Palm Pilot Equip.
3. Each agency is assessed a participation amount towards the cost of Palm Pilot data collection. The amount received is based on the percentage of the total awarded funds received by the project e.g. receive 10% of funds awarded, are assessed 10% of NW Res. Assoc project costs, which must be matched.
4. Each agency is required to contribute non federal funds at 34% of total base award and Palm Pilot Allocation as match; MHD awards one contract to NW Resource Associates; agencies receive service.
5. Special project funds are for a State Department of Veterans Affairs (DVA) project
6. Reserve is anticipated to assist in costs of transition to HMIS reporting system.

SF 424 A
Budget Narrative

The Washington State Division of Behavioral Health and Recovery (DBHR) will contract with nine regional mental health authorities, known as regional support networks (RSNs) directly for the provision of services funded through the Projects for Assistance in Transition from Homelessness (PATH). All RSNs will sub-contract with at least one state licensed, private, non-profit mental health center to deliver services; four will sub-contract with two agencies. Thirteen projects are operating now and will operate into the coming year.

Centralized data collection and management will continue to be contracted through Northwest Resource Associates (NWRRA). That agency was contracted to conduct an initial review and plan to transition Washington's PATH data collection to HMIS standards and will continue implementation activities. A Peer Review Process also will continue, also through NWRRA.

The Washington Department of Veterans Affairs (DVA) that delivers SOAR and veterans benefits access training will continue to be supported with funds identified as reserve in the budget table.

Match funds are available at the beginning of the award. Please refer to cover letters from each of the RSNs in Section C, Local Provider information of this application. Federal funding to DVA also will be matched.

All RSNs assure local match. Match funds come from the RSN in cash, from the local agency in cash or in kind, or from a combination of the two. The DBHR has established a practice requiring RSNs to submit amount of match provided with each claim for PATH funding.

All projects will receive level funding for the coming year.

Each project is assessed costs for contribution to a data collection contractor. Costs are proportionate to the amount of PATH funds awarded to the individual RSN. Federal funds also are awarded to cover the cost for data collection; RSNs must contribute non-federal match.

Administrative costs are budgeted at 4% of federal funding, a total of \$52,160. Those funds will be used for local and national and local PATH eligible training and Peer Reviews. The total Indirect in the SF 424 is higher, because some programs claimed Indirect in their budget proposals

The state total of \$170,429 for "Other" is a total of \$48,319 from all individual project budgets, \$70,000 for a DVA project and a reserve of \$52,110. Indirect Costs, \$78,972 are a total of \$26,812 from all projects plus \$52,160 State Indirect.

Individual project SF 424 Match commitments will total higher than the amount required but are not reflected officially in this application's face sheet.

Funds will not be used to support emergency shelters, for inpatient psychiatric or substance abuse treatment or to make cash payments to intended recipients of mental health or substance abuse services.

Section A Executive Summary

Organizations to Receive Funds

The Washington State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR), is the State PATH recipient and administers the project statewide. It contracts with regional mental health authorities composed of single or multiple county groups, known as regional support networks (RSNs) to deliver services. The RSNs provide local oversight and sub-contract with local, state licensed private, non-profit mental health agencies to provide services directly. All participating RSNs will contract with at least one mental health agency. Four RSNs will contract with two providers. There are thirteen (13) provider agencies in large urban as well as in rural areas. A SOAR training project in partnership with the Washington Dept of Veterans Affairs (DVA) will continue into next year. Northwest Resource Associates is a key project feature for data collection, peer review and transition to HMIS data standards use.

Service areas

The RSNs and providers are as follows.

- Clark RSN—Community Services North West (US), Vancouver, WA
- Greater Columbia RSN—Central WA Comprehensive MH, Yakima (SR), and Lourdes Counseling, Richland (SR)
- King RSN--Downtown Emergency Service Center, Seattle (UR), and Seattle Mental Health, Auburn (SU)
- North Sound RSN --Compass Health, Everett,(UR/R) Whatcom County Psychiatric Clinic, Bellingham (UR/R)
- Peninsula RSN—West End Outreach Services, Forks (R)
- Pierce County--Comprehensive Mental Health , Tacoma, (UR) and Greater Lakes MHC, Lakewood (SR)
- Southwest RSN, Lower Columbia MHC, Longview (UR/R)
- Spokane RSN--Spokane Mental Health and REM, Spokane (UR)
- Thurston-Mason RSN—Behavioral Health Resources, Olympia (UR/R)
- WA Dept of Veterans Affairs—Kitsap County (UR)

(UR = Urban; SU = Suburban/Semi-Rural SR = Urban city with rural service areas; R = Rural) A map is provided with this application, which displays the location of RSNs and providers. See page 25.

Services to be Supported by PATH Funds

Please refer to Washington State Summary of Providers awards, on page 26.

Supported Services; Number of person contacted; and Number of persons served:

All services to be supported, numbers of people contacted and number served are listed on page 26 of this application, Washington State Summary of Provider Awards and Services. A total of 4,806 individuals who will be contacted, all projects will ensure that at 75% of those served are literally homeless.

Major Activities to promote use of PATH funds to serve eligible and literally homeless individuals include close monitoring of data, informational messages to projects and provision of technical assistance.

Major Strategies to target street outreach and case management as priorities will include use of performance based contract terms.

TA and Training Activities SOAR and VA benefits training will continue. A project to plan for transition to HMIS data standards is being completed and will be implemented in the coming year.

Section B
State-Level Information

2. State Operational Definitions

Washington State operational definitions have been shaped in various ways. Federal definitions of homeless, imminent risk, serious mental illness and co-occurring mental illness and substance use disorders are foundations for local practice. In addition, the Washington State PATH is co-chair of the national PATH Administrative Work Group that developed national guidelines.

In FFY 2009, Washington voluntarily adopted the service definitions of the PATH Administrative Work Group (AWG) and is using them currently as their reporting base. The most recently revised definitions recommended for use by the

The following definitions used in Washington are consistent with Center for Mental Health Service federal definitions.

- F. Homeless means an individual who:
 - lacks housing, a fixed, regular and adequate night time residence, or
 - has a primary night-time residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
 - an institution that provides a temporary residence for individuals; or
 - a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- G. Imminent risk of becoming homeless is defined as "at risk of becoming homeless", and includes: a) individuals (with a serious mental illness or co-occurring substance use disorder) or families (with an immediate family member who has a serious mental illness) who have a recent history of homelessness; b) an individual or family that is currently "doubled up" or are otherwise temporarily and/or inadequately housed in a residence that is not their own; c) a person living in inadequate housing or who may be at risk of becoming homeless in the near future; d) a person who is being discharged from a health care or criminal justice facility without a place to live.
- H. Serious mental illness means an adult (age 18 or over) individual with a diagnosable and persistent mental or emotional impairment that seriously limits the person's major life activities and/or ability to live independently. For purposes of outreach and engagement, the individual may exhibit symptoms of serious mental illness.
- I. Co-occurring serious mental illness and substance abuse disorders involve individuals who have at least one serious mental illness and a substance use disorder. The mental disorder and substance use disorder can be diagnosed independently of one another.
- J. Substance Abuse is defined by Washington Administrative Code (WAC) 388-805-005 as, "recurring pattern of alcohol or other drug use that substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social."

See Appendix A for the balance of definitions used by Washington, based on national AWG recommendations.

5. Number Of Homeless Mentally Ill By Region

There are thirteen local mental health authorities in Washington State. Originally, there were fourteen. In 2006, North Central and North East Washington RSNs combined. In 2008, Pierce RSN decided it would no longer serve in that capacity in 2009, the former Mental Health Division (MHD), now a part of Division of Behavioral Health and Recovery (DBHR) conducted a competitive procurement process for a county or privately based entity to serve as the Pierce County RSN. The successful bidder was United Behavioral Health, doing business as Optumhealth in Tacoma, Washington. Optum is a private, for-profit organization.

With the exception cited immediately above, the RSNs are composed of individual or multiple counties that operate through inter-local agreement, with one county serving as the administrative agent. People who are unable to work previously might turn to the resource of General Assistance to the Unemployable (GAU), which was classified GAX for people who were presumed to be eligible for SSI or SSDI in the interim while Social Security benefits were being secured.

Appendix B displays the number and percentage of people without Medicaid who were served in Washington, by RSN, from state fiscal year (SFY July 1, through June 30) 2006 through 2008. The reader's attention is drawn to the fact that there is very close coincidence of the location of PATH projects around the state to areas where there are higher rates of people without Medicaid.

This statistic is notable in that PATH projects have the ability to conduct outreach and engagement for people who may be eligible but who do not have disability or health benefits. While the number of people statewide without Medicaid benefits has dropped, PATH services are intended to assist eligible to access those services and transition into mainstream mental health and other needed services.

Appendix C indicates the number of homeless people served in the public mental health system from SFY 2006 through 2008. It presents a pattern similar to that of Appendix B. There was a drop in the number of homeless people served from 2008 compared to 2007 and 2006. Additional investigation is needed, but it appears that PATH projects may have served to assist PATH eligible people to access mental health services.

There are PATH projects in eight of the nine RSNs with highest percentages and numbers of projected homeless mentally ill people. For a graphic display of PATH project locations, please refer to the state map that displays RSNs and project locations. The display is located in this application on page 23 following the State Level Information narrative.

Each PATH project is responsible to determine the number of people to be served. The number is based partially on local need for services and partially on the approach to provision of services determined by the local project, in accordance with local need. Some projects have a tendency to serve fewer people more intensely; others have a tendency to serve fewer people and to refer for services more quickly. The range people served may change among projects that serve many in the coming year. Greater emphasis will be placed serving people who are literally homeless and on transitioning clients to housing and services.

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6. PATH Allocations

c. Allocations In Relation To Need For Services

Under current state law, DBHR contracts with RSNs for delivery of crisis, inpatient and outpatient mental health services. DBHR requires that PATH awards be contracted to RSNs, which then sub-contract with state licensed mental health agencies to deliver PATH services. The arrangement of working through RSNs provides for consistency in contracting procedures. RSNs, already responsible for monitoring sub-contracted provider agencies, assign an RSN PATH contact to provide local contact and monitoring. Applications for funds are submitted through RSNs, although provider agencies contribute to the process by contributing information about capacity and intent.

This requirement provides for a “ready made” supportive environment of mental health consultation and adjacent services for PATH outreach workers to access on behalf of their clientele. It also promotes the transition of a person from PATH enrollment to enrollment in the local mental health system of care.

From FFY 2002 through 2004, Washington realized a significant increase in funding, going from \$640,000 annually to \$1,304,000 in FFY 2010. That enabled the expansion of services to several areas previously un-served, and resulted in four additional projects starting in April between 2004 and 2006. The newest project started in April 2011. There has been stability among contractors for the last three years. Among the twelve projects, three have been in operation more than ten years; three have operated more than five years; six have begun operating in the last four years.

Washington has been involved in promoting SSI/SSDI Outreach Access and Recovery (SOAR) for the last several years. A joint training project was stage jointly in March 2005, with the state PATH contact in Oregon. The project brought together a varied group of people who are responsible to serve homeless mentally ill people, which included RSN and PATH project staff, Social security Administration staff, personnel from Department of Social and Health Services Community Service Offices (who process applications for benefits that lead to determinations of disabilities), corrections staff, state hospital staff and conducted a two day training through technical assistance afforded through CMHS. DBHR also has assisted staff from Washington, who attended SOAR train the trainers training in Washington, D.C. in December 2005, to arrange training for PATH and other providers of services to homeless people.

DBHR established what is considered a unique partnership with the Washington Department of Veterans Affairs (DVA) to conduct a SOAR related project. The project began in June 2006. A DVA staff person conducts a training and technical support project.

Initially the DVA staff person organized and delivered half-day training sessions for people who provide housing and supportive services to homeless people. The training was based on the SOAR model. In addition, information was provided to training participants about SSI and SSDI benefits available to homeless people who are disabled. The project also provided information to providers of homeless services about general requirements for veterans to access VA benefits. Thus there was the combined utility of educating people both about federal disability benefits available to PATH clients and potential clients and the additional capacity to provide education about veterans' benefits to PATH clients as well.

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The second initial feature of the DVA project was the provision of technical assistance to PATH staff who are assisting homeless, mentally ill people to apply for disability and other benefits. The DVA staff person provided technical assistance to people serving PATH eligible consumers, when PATH project staff or others are assisting in the establishment of a disability application packet.

Following two years of this approach, a change was made. This was based partly on the lack of ability to demonstrate how many individuals, PATH eligible or otherwise, ultimately received disability or other benefits as a result of the DVA training. In the current year of PATH operations in Washington, the approach has been to focus more on training and technical assistance to PATH projects specifically. Recently a two day training session was staged. The first day was specifically for PATH staff and SOAR trainers; it focused on current revisions to disability benefits and data reports of people served and outcomes. The second day added staff from Community Service Offices (public assistance offices) and resulted in formulation of regional plans to streamline application process among PATH and other providers with the state public assistance administration. Follow up will be conducted through the state DVA and the national technical assistance center delivering SOAR training nationwide.

The connection with the state DVA is important, because Washington PATH projects historically have had limited success in assisting homeless veterans to gain access to VA benefits. The link with DVA has provided a critical link to improving service coordination.

Funds have been allocated since 2003 to fund a data collection service. It is operated by Northwest Resource Associates (NWRA) and uses a Palm Pilot based platform. As the number of PATH projects have increased, so has the limited costs of this project. It will continue into the coming year at level funding.

For the last seven years, a small reserve has been built into the Washington budget. The reserve has been used for unanticipated needs and generally has been less than 2% of the annual allocation. In the last three years, reserve funds were expended to fund operations provided by state DVA staff. They also were expended to support costs of a peer review project, in which on site management reviews of agencies are conducted based by and RSN PATH contact and PATH project manager from outside the area of the project being reviewed. This process is conducted through a contract with NWRA.

In December 2009, CMHS PATH staff announced that SAMHSA has decided that PATH projects must begin a transition to use of the Homeless Management Information System (HMIS) data set. In 2010, Washington used a portion of those funds to support an initial study into current level of preparedness to transition to use of Homeless Management Information System (HMIS) data report standards and what steps are necessary to conduct a complete transition. This project also is contracted to NWRA, which will continue the implementation process into the coming year. Transition is expected to be complete in approximately eighteen months or by the beginning of FFY 2013.

d. Consideration In PATH for Entities With Demonstrated Success in Serving Homeless Veterans

In addition to the statements in 3.a., above, about special arrangements with the state Division of Veterans Affairs to provide training, announcements are made annually at an in-person meeting of PATH recipients (RSN PATH contacts and PATH project managers statewide) in

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preparation for the annual federal application for funds process (CMHS Request for Applications.) Part of the announcement includes the IUP questions and format from the annual federal application for states for PATH funds. The IUP in the DBHR application process includes a question for respondents to indicate whether and how they might demonstrate effectiveness in serving homeless veterans. PATH recipients are reminded of the importance of engaging homeless veterans. Staff from the Washington Department of Veterans Affairs attend the annual PATH recipients meeting and provide veteran specific information for PATH recipients.

Nationally the federal Veterans Administration (VA) has committed significant amounts of funding to address homeless among veterans, especially those who have participated in the Iraq and Afghanistan conflicts. The VA has decided to focus efforts in a few states, and Washington is one of them. The lead staff that coordinates with PATH and manages the training project also is the state DVA staff who is responsible to coordinate efforts to bring additional resources and planning for homeless veterans in this state. While those efforts are recent and still in initial stages, we anticipate being more involved and affording PATH projects opportunities to be involved in outreach and engagement and in working more closely with additional DVA staff in various locations to provide PATH services to veterans.

In addition to the funds contracted to the DVA for SOAR related training, a small amount of funds also are contracted to a transitional housing project operated by DVA. Those funds are used for partial support of an outreach worker-case manager, which has resulted in an increase in the number of veterans served in this state.

7. Services and State Comprehensive Mental Health Plan

The Washington State comprehensive mental health plan is developed and guided by the State Mental Health Planning and Advisory Council (MHPAC). It is revised on an annual basis. MHPAC has representation from people who serve homeless mentally ill among its membership.

The Council has continued to be active this year in supporting the work of the federal transformation grant initiative. Washington was one of the seven states initially to receive a five-year mental health transformation grant. Although the funds were awarded to Washington through the Governor's office, the Mental Health Transformation Grant (TWG) project and all staff were stationed in the headquarters office of the former Mental Health Division.

A significant number of sub-committees and workgroups were established through the work of the TWG. Among them is a workgroup on homeless, mentally ill people, the Mental Health Housing Consortium. That group has been active in promoting development of resources and services for homeless mentally ill people in this state. Among those activities was the creation of a plan to develop additional housing resources.

Although the original TWG has expired, Washington applied for and received funds for a continuation Transition Grant. It focuses on serving people who are homeless and mentally ill, with an emphasis on housing first. Projects are located in two RSNs and are coordinating with PATH staff.

The state PATH contact coordinates is now also the DBHR Mental Health Block Grant (MHBG) state planner. He works closely with the Mental Health Planning and Advisory Committee (MHPAC) in the coordination of PATH and federal block grant funds. The PATH contact is a

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member of the Balance of State Continuum of Care Committee and coordinates service planning with that committee also.

The MHPAC designates priority populations annually for RSNs to consider in their regional decisions about how MHBG funds will be used locally. One of the priority populations established for the last two years has been people who are homeless, especially in rural areas of the state.

Use of Funds Consistent with State Plan to End Homelessness

In 2005, the state legislature passed the Homelessness Housing and Assistance Act, which required each of the 39 counties in Washington to develop a plan to end homelessness. Each county is responsible to reduce homelessness by 50% by 2015, conduct an annual Point in Time Count and report to the state department of Commerce. In addition, the state passed legislation that uses a portion of document recording fees to reduce homelessness by distributing funds to counties.

The state Department of Commerce has major responsibility to Work with the Interagency Council on Homelessness (ICH) and Affordable Housing Advisory Board (AHAB) to develop a ten-year plan to reduce homelessness by 50 percent by 2015. Commerce also produces an annual report on the performance measures used to measure state and local plan implementation, provides technical assistance to counties and implements Homeless Management Information Systems (HMIS) to collect client data used to measure program, county and state performance.

There are six independent Continua of Care among larger counties which include Clark, King, Pierce, Snohomish, Spokane and Yakima. The other Thirty three counties belong to the Balance of State Continuum of Care. Each of the thirteen PATH projects in the state participates actively in the local C of C and is active in promoting the local county plan to end homelessness.

Use of Mental Health Block Grant Funds

In four of the last six years, federal Mental Health Block Grant (MHBG) grant funds were used to support facilitated planning sessions in various parts of the state to address services to homeless people. Common Ground, a well-established private, non-profit housing specialty agency conducted the planning in RSNs designated by the state PATH contact. The planning sessions occurred primarily in locations where there was no current PATH project. Last year's planning is being conducted in a mainly rural RSN in southwest Washington in where there are limited resources to address homelessness.

RSNs were offered assistance in determining local housing needs for homeless mentally ill individuals and others, in projecting additional needed capacity and in identifying strategies to reach the capacity. RSNs received the planning with the understanding that they would conduct organizing activities. A condition of receipt of this service is that RSNs were asked to invite housing, providers of substance use services, law enforcement and others to the planning table.

Prior to the planning session, the organizers and participants were provided with preliminary information by the facilitator. During the planning day, they were assisted to identify local needs

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and to coordinate efforts to address them. A written summary of the day's events and agreements follows soon after. Recommendations were part of the summaries. Follow up consultation was available by telephone.

Planning sessions have been provided in seven locations around the state. Two new PATH projects were established among them. One location applied for and received federal housing funding to establish a twelve-unit facility to serve mentally ill people.

FBG and PATH Funds have been used to support the annual Washington State Coalition for the Homeless state conference on homelessness in the last four years. PATH RSN and project staff, homeless individuals and others who serve homeless, mentally ill people receive assistance to support their attendance at the conference. Support will be offered again this year.

Among the 103 proposals for FFY 2011 MHBG sponsored projects from RSNs, 29 focus on serving people who are homeless and mentally ill. RSNs proposed a total of approximately \$1,750,000 of \$6,665,000 (26%) available mental health block grant funds for projects related to serving people who are homeless and mentally ill.

The PATH state contact also serves as the MHBG state planner. He works closely with the Substance Abuse Prevention and Treatment (SAPT) state planner following a merger two years ago of the former mental health and substance abuse divisions of Department of Social and Health Services (DSHS). The combined division now is known as Division of Behavioral Health and Recovery (DBHR). SAMHSA has revised application guidelines for MHBG and SAPT funding. This year the two funding sources may be applied for individually or on a combined basis. DBHR leadership has decided to submit a combined application, which is expected to result in closer coordination of services to people who are homeless, mentally ill and who also have a substance use disorder.

Programmatic and Financial Oversight of PATH Providers

Washington State PATH funds are awarded to regional mental health authorities known as Regional Support Networks (RSNs). They sub-contract funds to local, state licensed mental health agencies to deliver PATH services directly.

PATH projects must submit their applications to an RSN. The RSN, in turn, reviews and submits the application to the State. Ongoing program and fiscal monitoring of PATH programs is conducted locally by the contracting RSN.

State regulations (Washington Administrative Code or WAC) are the base of community mental health center operations. Those regulations were written with a strong point of reference on people who are Medicaid recipients. PATH projects operate within licensed agencies, and consideration is given to the fact that some variance may need to be observed in PATH operations, understanding the difference in PATH and Medicaid specific populations.

Local programmatic oversight is meaningful. One RSN determined, through a series of unsuccessful program reviews of a PATH project, that a PATH project would not be offered continued funding. The State PATH contact was continually involved in discussions with the RSN about this development. That included a joint meeting with the previous PATH provider at which multiple concerns about program operations were expressed by RSN and state

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representatives. The program was offered support and assistance to improve its performance. A subsequent site visit by the RSN resulted in a determination that insufficient progress was made to correct identified operational concerns. A decision was made not to offer continued funding, which was supported by the State.

The State PATH contact is in regular communication with RSN PATH contacts and with PATH project managers. This affords a working knowledge of local program developments and progress, which at times is informal but which is useful to understand which programs may require support and technical assistance.

Four years ago, Washington initiated a Washington state peer review process. The process was designed with significant participation from several RSN PATH contact and PATH project managers, at the previous request of PATH recipients. The peer review design incorporated features of the state PATH Administrative Work Group voluntary performance goals, data reporting and program management principles.

The intent of the review is both to examine the work of the project being reviewed and to provide technical assistance in the process. The technical assistance has become a mutual exchange in which the agency being reviewed and on site reviewers both have an opportunity to learn from the review and gain ideas how their respective projects may be improved locally.

The review team is composed of one RSN contact, one PATH program manager staff and the state PATH contact or a designee, who is a staff person from Northwest Resource Associates (NWRA), the agency that provides central data collection services for PATH projects. Advance notices are given to review sites, and survey questions are provided in advance in order to afford sites to gather and submit information prior to the on-site visit. Reviews are conducted over the course of a day and a half.

Prior to the visit, site review team members receive a copy of the most recent Intended Use Plan for the agency and a set of data based on national annual report requirements. The site review consists of one day of discussion of pre-formulated questions that are based on national Voluntary Performance Goals and other related PATH operations questions. The second day involves a half day of "shadowing" PATH project site in the community.

At the end of each site visit, personnel who worked at the review sites are asked first, as part of the exit interview, what they have learned from the review and what issues they believed should be part of their quality management. Following their responses, site reviewers share their impressions. For each of the visits that have been conducted, the impressions of the staff at sites being reviewed have been remarkably similar to that of the reviewers. Thus, it appears that the results of the peer review were instructive and readily agreed upon by staff at the site being review. Thus the recommendations may readily be accepted and acted upon by those being reviewed.

The PATH State Contacted participated personally in the first two years or reviews. Due to the addition of MHBG state planner responsibilities two years ago, in addition to other assignments, on-site peer review responsibility was delegated to the staff person at Northwest Resource Associates, which contracts for PATH data collection and management services. The same review format and methods continue to be used, and over-sight of the process and reports on project reviews are monitored closely.

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The PATH state contact serves as the co-chair of the national PATH Administrative Workgroup (AWG) and has been actively involved in the development of a national Effective PATH Program matrix. It outlines criteria to be reviewed, performance indicators and outcome measures. While the matrix is still in development, it has been well received by the CMHS Homeless Branch and others at SAMHSA, to the point that a national panel will be convened later this Spring for the purpose of reviewing the matrix and incorporating features related to integration of physical and behavioral health care.

Washington anticipates that the matrix will begin use as a standard for national review of state PATH projects. Although Washington was reviewed on site only two years ago and does not anticipate another visit for another year or more, it is expected that, once the matrix is adopted nationally, Washington will revise its peer review procedures to incorporate features of the matrix and other current monitoring processes.

Financial oversight is conducted regularly at the state level. RSN PATH contracts allow for reimbursement claims as often as monthly and are to be submitted no less often than quarterly. PATH contracts incorporate both the amount of federal funding to be awarded and the minimum amount of match required of each RSN.

Financial monitoring is conducted in multiple ways. When billing claims are received by the State PATH contact, the amount of match submitted is compared to the amount of federal funding being claimed. Washington requires an even 34% match of federal funding for each PATH project. If the amount of match being certified by the claimant is not equal to or greater than 34% of federal funding, the RSN is contacted for further communication prior to authorization of payment by the State PATH contact.

This process is supplemented by staff of the fiscal section of the State DBHR. Fiscal personnel start an individual record of federal funds obligated and match required at the beginning of the contract year. As claims are received, claims for payment and match submitted are recorded. This provides for additional monitoring of issuance of federal funds and assurance that match contributions are current. Fiscal reports for all PATH projects are provided to the PATH contact regularly and upon request.

In the FFY 2006 funding year, DBHR changed its contract methodology. Previously DBHR issued one-year contracts that began October 1 in a given year and expired September 30 the following year. A significant number of agencies did not utilize all of their funds in the contract period. Additional funds were awarded in new contracts at the beginning of the following October.

This resulted in a need to calculate unexpended funds remaining after final billing for the expired contract year and to amend current year contracts to provide authority to continue to expend funds from the previous year. This proved cumbersome in that not all previous year funds were necessarily expended before spending of current year funds began. That resulted in funds from the new year being claimed prior to all funds from the previous year being expended for a short period of time. Then older funds could be claimed once the current year contract was amended to afford authority to do so.

Tracking of funds by funding year was complicated. As a result, DBHR decided to issue 21-month contracts. A major current contract requirement is for RSNs to assure that older PATH funds are completely expended by line item category prior to projects being allowed to begin

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expending current year funds. This method provides for more discrete tracking of funds utilized by funding year and promotes use of previous year funds before utilizing “older” funds.

Evidence Based and State Level Training

The State pays for training directly and indirectly on a limited basis. PATH recipients are informally defined locally as RSN PATH contacts and PATH program managers. A coordinating meeting is held at least annually. In previous years, state PATH meetings have been held more often. These meetings are intended for multiple purposes.

A consistent agenda item at the annual meeting is development of the response to the Center for Mental Health Services (CMHS) Request for Applications (RFA) for PATH funding. DBHR supports costs of the facility at which meetings are held. RSNs and PATH programs are responsible for travel costs to attend the meetings. PATH recipients engage in discussion about application requirements, are provided technical assistance in developing Intended Use Plans and program budgets. Deadlines for submission of local materials to the state are established through mutual agreement.

These meetings generally are also used to address systems level concerns and to promote consistency in PATH operations. Data collection and service definitions have been addressed and agreed upon by participants. Match considerations have been a topic, as have program operations. The State PATH contact has brought forth systems issues to be addressed. PATH recipients are encouraged to invest in identification of solutions that meet local and systems level needs. Resolution generally is through consensus.

Another standing agenda item is the unique use of Palm Pilots to gather client service data. Northwest Resource Associates (NWRA) developed the process for collection of data seven years ago. The project was piloted, and all PATH sites were required to begin using Palm Pilots to collect client service data beginning in FFY 2004. The process has proven to be efficient and has resulted in reliable, consistent and timely gathering and reporting of data. Northwest Resource Associates will continue to be the data collection and analysis agent for the coming year.

Their responsibilities include training staff at PATH sites to use the Palm Pilot based data collection methods. They train direct service staff to use the Palm devices to input data into them and how to synchronize data to desktop computers once they return to their respective offices. NWRA staff also train information technology (IT or computer technicians) staff to upload and manage software used to process data from Palm Pilots and to be submitted monthly to the central data collection site.

After four years, NWRA produced a report of PATH service by project and statewide. For the last two years (following five years of reliable data collection), NWRA has provided direct technical assistance to individual PATH projects to review the data, implications of the results and technical assistance in effective use of the data.

This year, at the request of the State PATH contact, NWRA began to provide additional information to PATH project sites about national monitoring methods by Center for Social Innovation (C4SI) and about use of GPRA measures by CMHS and the federal Office of Management and Budget. PATH projects are educated about specific data that are indicators of performance, such as percentage of literally homeless individuals, and are informed as to

Washington State 2011 PATH Application State Level Information

their performance in that regard. Providing information and assistance in re-shaping practices at the project site are useful in encouraging and assisting sites to change their focus as needed and to achieve or exceed national performance expectations.

NWRA also has provided support in other areas. They have provided assistance in organizing peer review site visits and in establishing the methods used in conducting them. Last year, the state PATH contact designated a staff person from NWRA to represent him during the on-site peer reviews, and they will do so again this year.

Washington also supports attendance by PATH participants in the annual conference of the Washington State Coalition for the Homeless. Costs of conference tuition and lodging are afforded PATH recipients. They are responsible for travel and per diem costs. The conference is a three-day conference and provides a wide range of topics related to serving homeless people, including serving people who are mentally ill and who also may abuse substances. This year's conference will include presentations from the State DVA project about access to disability and veterans' benefits.

There are not contractual requirements from the state to RSNs and PATH projects to utilize evidence based practices (EBPs), as the emphasis is on meeting community needs and recognition of factors at the local level which may support use of EBPs. Housing First is among the most prominent of EBPs, and a limited number of PATH projects use it, as most of them do not offer housing services directly. A great many of the projects do, however, engage in systems level coordination activities to promote its use.

Motivational Interviewing and Trauma Informed Care are used at some of the local PATH projects, although no state PATH leadership is involved.

While not considered an evidence based practice, use of Palm Pilot devices to document services to individuals is unique and is considered a promising practice. All thirteen of the local PATH projects and the DVA project use it to report services provided.

HMIS Training and Activities to Migrate to HMIS Data Standards

SAMHSA announced in December 2009 announcement its intent for all PATH project nationally to transition to use of HMIS data standards to report PATH services. In June 2010, PATH funds from FFY 2009 FFY contracted to Northwest Resource Associates (NWRA) to conduct a statewide assessment of the level of preparedness of PATH projects to participate in or migrate to HMIS data reporting standards. Of the twelve projects (the newest project began only April 1, 2011) in existence at that time, approximately half of them were in organizations that use HMIS data reporting.

The project statement of work called for an assessment of readiness to be conducted and for an incremental plan to transition to use of HMIS data reporting among all PATH projects within the state. The plan also must include projected costs of making the transition. While the project was somewhat late in beginning, much work has been done to gather information from other states, from the national technical assistance center and from PATH project statewide.

The plan, which is due for completion and publication in June 2011, is intended to serve as the foundation for pilot implementation of HMIS standards. A contract will be entered with Northwest Resource Associates beginning in June 2011 to begin implementation of the plan no later than August 2011 and to pilot transition in the coming federal fiscal year, 2012. Full

Washington State 2011 PATH Application State Level Information

implementation of the use of HMIS data standards is planned for full implementation no later than the beginning of FFY 2013, October 1, 2012.

Source of Non-Federal Match

RSNs and provider agencies are required by contract with DBHR to be responsible for match of non-federal funds commensurate with the level of PATH funds received. The federal requirement for match is one non-federal dollar for every three federal dollars received.

The state PATH contact is funded through DBHR headquarters funding, not through PATH funds. No match claim is submitted for that contribution. A limited amount of funds are reserved for state administration. This year that amount is \$52,160 or the 4% of award allowed by federal requirements.

As a result, after consultation with federal funding sources, and in agreement with local PATH projects, a match of 34% of PATH funds is required of local projects. This is 0.7% more than otherwise might be required, but that is offset by the undocumented contribution of PATH oversight at the state level. The additional 0.7% has been sufficient over the last several years to assure that the total match contribution statewide meets or exceeds federal requirement.

The Washington State DBHR requires RSNs and PATH recipients to match three types of locally defined PATH funds afforded to them: base award, Palm Pilot data collection and Palm Pilot equipment. Northwest Resource Associates (NWRA) is the agency that provides data collection services. The amount of funding support for NWRA data collection services provided to each PATH project is based on the percentage of available PATH funds the project receives.

As an example, if a project receives 10 percent of PATH funds, they are expected to contribute 10 percent of the cost of NWRA's services. Thus each agency is assessed a portion of the cost of centralized data collection and processing, but each agency also receives an additional award from PATH funds to cover the cost of required data collection through the contracted data agency. Each agency remains responsible to match the award for data collection and for Palm Pilot equipment to capture the data.

At the beginning of the annual federal PATH application for funds process, RSNs are informed of the base amount of PATH funds that are to be awarded, the amount to be contributed for NWRA services and the amount to be budgeted for Palm equipment. DBHR calculates a required match amount based on 34 percent of the total PATH funds to be awarded. PATH projects are notified of that amount also.

In contract, RSNs and provider agencies remain responsible to match 34 percent of their total award. In practice, however, the cost for NWRA is contracted by DBHR in total to that agency in order to reduce administrative burden for all concerned.

The method and source of match varies by RSN. In general, there are three potential arrangements for match:

4. The RSN may assume the responsibility for match and may do so from non-federal dollars available at that level.
5. The RSN may pass the match responsibility to the sub-contractor. The sub-contractors often contribute in-kind match in the form of administrative, facilities and other types of support.

Washington State 2011 PATH Application State Level Information

6. The RSN and the sub-contractor may share responsibility for match.

The source of non-federal match varies by RSN. For example, one RSN provides in cash funding to one of two PATH providers. The amount of non-federal dollars expended entirely on personnel is sufficient to meet the federal requirement for match for both agencies in one line item category. Neither contractor is responsible to contribute match, even though the federal requirement is clearly met.

Some other RSNs do not contribute any match, relying entirely upon their sub-contracted agency for the responsibility. Agencies depend on a variety of in-kind sources to satisfy the match requisite. Larger agencies that have the scale to support a grant writer will have the benefit of other contributors to their operations to satisfy match. A smaller agency will be operating a "free" mental health clinic, which will serve as an extension of their PATH and other agency mental health services. The in-kind match takes the form of health care and mental health treatment from volunteers to PATH clients.

The state DVA contributes match also, which comes from state only funding. While 34% match also is required of the DVA, they have exceeded match requirements as well as contract expectations.

Non-federal match will be available at the beginning of the award year. Each cover letter submitted by an RSN contains a statement confirming this.

Each RSN has provided a local budget sheet (SF 424A) and a budget narrative that displays additional detail to support the fact that match requirements are met. The SF 424A itemized match to be contributed is listed by line item.

DBHR does not require RSNs to submit detailed line item match information on monthly or quarterly claims for reimbursement. It does require them to maintain sufficient supporting documentation on file to demonstrate source and amounts of match contributed at that level of detail if requested.

RSNs are required to submit the total amount of match contributed each time a claim for reimbursement of PATH funds is requested. The amount of match is monitored, and authorization for payment is granted only after the proper contribution has been verified.

Some of the individual projects have committed to exceed the required match of 34%. The total of all match proposed by all projects. The total of match commitments by all projects exceeds the amount listed in the SF 424A attached to this application.

Process for Public Notice of Proposed Use of PATH Funds

A process for public notice of use of PATH funds is incorporated into each RSN and PATH provider's application for funds through the Intended Use Plan. Each RSN is responsible to have a local process to announce publicly how funds will be used, and each is encouraged to target PATH clients and those who serve them both to announce the use of funds and to elicit comments about how they might be used.

Each IUP in this application has addressed their public notice of funds. There is variation in responses. Some locales are more successful than others are. RSN advisory boards are

Washington State 2011 PATH Application State Level Information

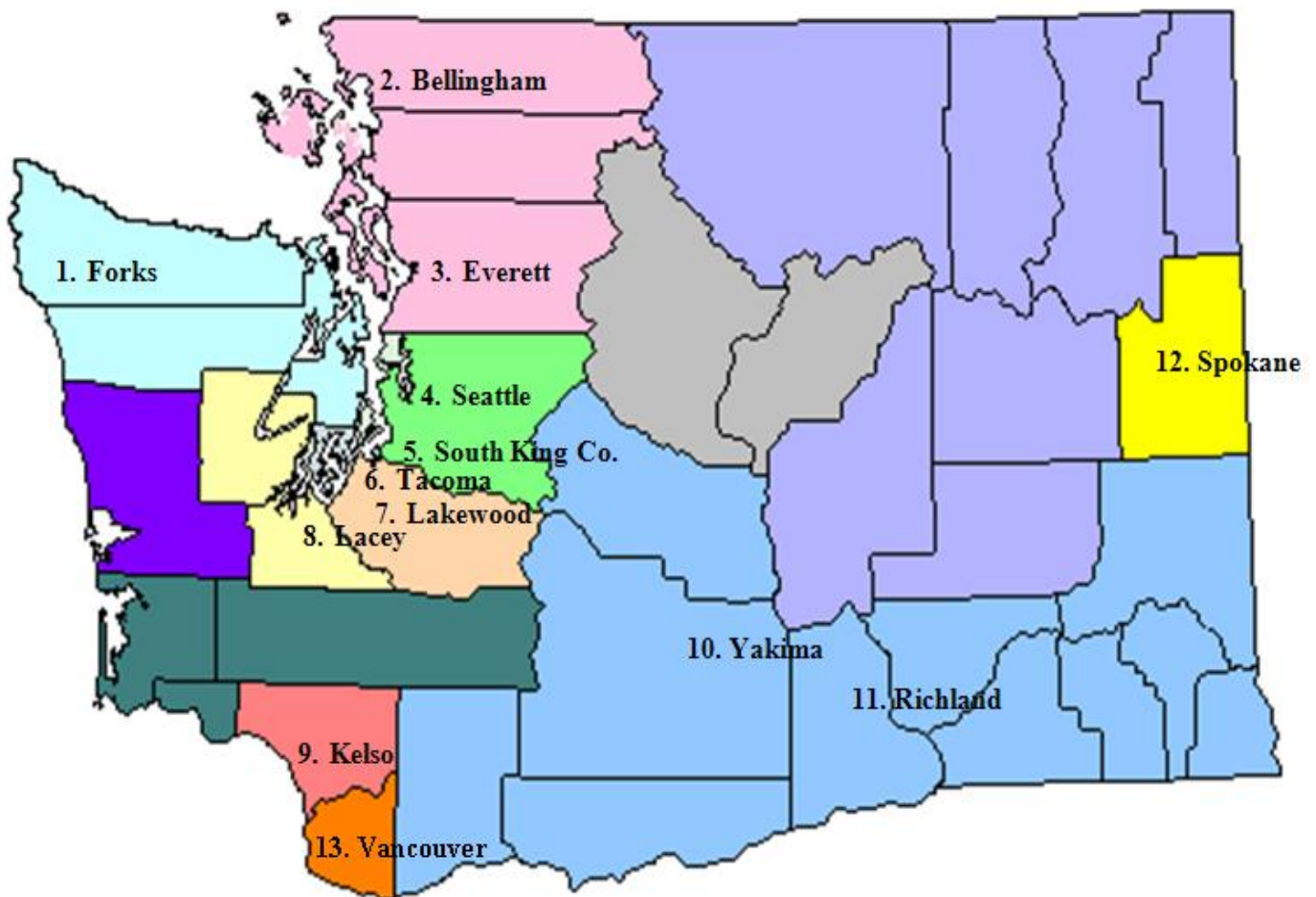
consistently part of the local process. Some PATH projects regularly communicate with PATH clients, including some that have established PATH client advisory groups to the project.

At the state level, the Balance of State Continuum of Care Committee is provided regular briefings on PATH developments during the program year. For example, they are informed of availability of funds for new projects; they are advised of state and local programmatic developments such as availability of expedited access to disability and other benefits and news of individual PATH projects in their local areas.

The state PATH contact also has established ties and working relationships with housing and other homeless service providers. He has established connections with the state housing coalition via participation in their annual conference and direct communication with the director and officers of the coalition.

These efforts have afforded an opportunity to do three things. Closer working relationships and coordination have been established. The state PATH contact has had an opportunity to contribute to policy formulation. In turn, he has had an opportunity to receive policy input from major partners at the administrative level.

WA State Path Providers by RSN 2010 Application



KEY: Agency (RSN)

- 14. West End Outreach Services, Peninsula RSN (Forks) Congressional District 6
- 15. Whatcom Counseling, North Sound RSN (Bellingham) Congressional District 2
- 16. Compass Health, North Sound RSN (Everett) Congressional District
- 17. Downtown Emergency Service Center, King RSN (Downtown Seattle)
- 18. Sound Mental Health, King RSN (South King County)
- 19. Comprehensive Mental, Pierce RSN (Tacoma)
- 20. Greater Lakes Mental Healthcare, Pierce RSN (Lakewood)
- 21. Behavioral Health Resources, Thurston-Mason RSN (Lacey)
- 22. Lower Columbia Mental Health, Southwest RSN (Kelso)
- 23. Central WA Comprehensive MH, Greater Columbia RSN (Yakima)
- 24. Lourdes Counseling, Greater Columbia RSN (Richland)
- 25. Spokane Mental Health, Spokane RSN (Spokane)
- 26. Community Services Northwest, Clark County RSN (Vancouver)

Washington State 2011 PATH Application
State Level Information

Provider	Provider Agencies	Amount of PATH Funds	Project No. of persons to be contacted	Services to be Provided	Percent of Literally Homeless to be Served	Congressional District
Clark County RSN,	Community Services Northwest	\$64,955	200	1,2,3,4,5,6,7,9,10	75%	3
Greater Columbia RSN	Central Washington Comprehensive MH-Yakima	\$57,213	175	1,2,4,6,7,9	80%	4
Greater Columbia RSN	Lourdes Counseling-Richland	\$48,997	135	1,2,3,4,5,6,7,9,10	75%	4
King County RSN	Downtown Emergency Service Center-Seattle	\$134,389	460	1,2,3,4,5,6,7,9,10	92%	7
King County RSN	Seattle Mental Health-Auburn	\$145,462	275	1,2,3,4,5,6,7,9,10	65%	8
North Sound RSN	Compass Health, Everett	\$149,686	500	1,2,3,4,6,7,8,9	75%	2
North Sound RSN	Whatcom County Psychiatric Clinic, Bellingham	\$48,997	204	1,2,4,5,7,9,10	80%	2
Peninsula RSN	West End Outreach Service	\$55,338	100	1,2,4,8,9	95%	6
Pierce County RSN	Comprehensive MHC, Tacoma	\$98,306	200	1,2,3,4,5,6,7,9	85%	6
Pierce County RSN	Greater Lakes MHC, Lakewood	\$104,790	377	1,2,3,4,5,6,7,9,10	90%	6 & 9
Southwest RSN,	Lower Columbia MHC, Longview	\$48,997	550	1,2,4,5,6,7,8,9,10	80%	3
Spokane County RSN,	Spokane MHC, Spokane	\$106,029	1475	1,2,4,5,6,7,9	90%	5
Thurston-Mason, RSN,	Behavioral Health Resources, Tumwater	\$66,572	155	1,2,3,4,5,6,7,8,9,10	75%	3 & 9
NW Research Associates	Provides statewide Palm Pilot based data collection and reporting support	\$81,927*		N/A	N/A	
WA State Dept of Vets	Veterans' Affairs, Retsil	\$70,000	TBD	TBD	TBD	6
Administrative costs		\$52,160	4,806			
Reserves		\$52,110				
	Total	\$1,304,000				

1-Outreach, 2-Screening, diagnosis; 3-Habilitation and Rehab; 4-Community MH; 5-Alcohol or drug treatment; 6-Staff training; 7-Case management; 8-Supportive, supervisory services; 9-Referrals for primary health, job training, educational services and housing services 10-Housing Services

* The allocation to NW Resource Associates is listed but is already included in individual allocations to RSNs. Including that amount in column total will result in a sum greater than the federal allocation. Correct column total is \$1.00 more than federal allocation due to rounding

Washington State 2011 PATH Application
State Level Information

FY 2011

Personnel Salaries:

FTE	Positions	PATH funded	Match Funded
1.0	Cs Manager	\$35,722	0
0.1	Manager	0	\$7,712

Fringe Benefits (25% of salary):

1.0	Cs Manager	\$8,930	0
0.1	Manager	0	\$1,928

Equipment:

Palm Pilot for data collection	\$250	0
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Contractual:

NWRA for data & analysis	\$3,545	0
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Housing:

To prevent eviction (1x only)	\$551	0
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Other:

Phone landline	0	\$600
Cell phone	0	\$400
Training/Education	0	\$900
Crisis Housing	0	\$600
Activity Expenses (Food etc.)	0	\$250
In-kind donations	0	\$2,700
Vehicle Expense (gas,oil etc.)	0	\$1,000
Travel mileage expense	0	\$100
IS	0	\$5,902
Indirect costs (General Admin)	<u>0</u>	<u>\$1,818</u>

Total:	\$ 48,998	\$23,910
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PATH Funding - \$48,998

Required Match - \$16,732

Washington State 2011 PATH Application
King RSN—Cover Letter



King County

**Mental Health, Chemical Abuse
and Dependency Services Division**

Department of
Community and Human Services

CNK-HS-0400
Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206 263-9000
206-296-0583 Fax
206-205-1634 Fax - Clinical Svcs.
206-205-0569 TTY/TDD

March 22, 2011

C.H. Hank Balderrama
Division of Behavioral Health
P.O. Box 45330
Olympia, WA 98504

Dear Mr. Balderrama:

Attached please find the King County Regional Support Network (KCRSN) application in response to the annual Projects for Assistance in Transition from Homelessness (PATH) Request for Applications (RFA) No.SF-424. This RFA was announced by the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services as authorized by the Public Health Service Act.

KCRSN is applying to continue as contractor for the PATH program in this area. KCRSN intends to pass through 100% of Federal PATH funds in FFY 2011 to community-based providers that are currently providing PATH-funded services in King County to persons with serious mental illness who are homeless or at imminent risk of becoming homeless. The contracted local providers are: 1) Downtown Emergency Service Center (DESC), and 2) Sound Mental Health (SMH).

Application documents attached include the following:

- ☐ KCRSN Intended Use Plan
- ☐ KCRSN DESC Indirect Cost Certification
- ☐ KCRSN SMH Indirect Cost Certification
- ☐ Local Provider Intended Use Plans: DESC, and SMH
- ☐ Standard Form 424A: DESC, and SMH
- ☐ Budget Narratives: DESC, and SMH

Washington State 2011 PATH Application
King RSN—Cover Letter

Hank Balderrama
March 22, 2011
Page 2 of 2

Please note that the SF 424A form for the contracted community-based provider agency SMH has included the allotment for equipment of \$250. The SF 424A forms for the contracted community-based provider agencies (DESC and SMH), also include their respective share of the allotment for data collection (\$10,367 for DESC and \$11,202 for SMH) for a total of \$21,569 to Northwest Resource Associates (NWRA) for the Palm Pilot Data Collection Project.

Non-Federal match will be provided by KCRSN-dedicated clean, State funds for a total non-Federal match of \$95,571. All of the match will be provided through contracted funds to DESC. All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Please don't hesitate to contact me if you have any questions.

Sincerely,



Daisy Lau-Leung
Mental Health Contract Monitor

DL:MS:csg

Enclosures

cc: Dana Ritter, Chief Financial Officer, King County Mental Health, Chemical Abuse and
Dependency Services Division
Karen Spoelman, Cross-Systems and Contract Services Coordinator
ATTN: Margaret Smith, Mental Health Contracts Lead

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The King County Regional Support Network (KCRSN), also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), provides services throughout King County, Washington via contracts with community-based agencies. King County is located in western Washington State, extends from Puget Sound to the foothills of the Cascade Mountains, and is one of the largest counties in the United States.

The KCRSN receives PATH funds through a contract with the Washington State Division of Behavioral Health and Recovery. KCRSN then contracts the funds to two local community providers: 1) Downtown Emergency Service Center (DESC), and 2) Sound Mental Health (SMH.)

DESC currently utilizes PATH funding within their Homeless Outreach, Stabilization and Transition (HOST) Project to provide direct services in the form of outreach, engagement and case management services for severe and persistently mentally ill adults who are homeless.

The PATH project began at SMH in 2006 and has been successful in identifying, engaging and transitioning many homeless mentally ill/chemically dependent clients from rural/outlying areas into services and more stable residential placements.

Please see the enclosed IUP for each agency for a detailed response specific to their respective areas of service.

2. Indicate the amount of federal PATH funds the organization will receive.

KCRSN will receive \$259,270 in base funding, \$250 for electronic data collection devices and \$21,569 for contracted data analysis services.

KCRSN has and will continue to distribute all federal PATH funds to local community service agencies to provide services.

Funds flow from the Washington State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery to the KCRSN. Funds are then distributed from KCRSN to DESC and SMH.

Please see the enclosed IUP for each agency for a detailed response specific to the funding each receives.

Washington State 2011 PATH Application
King—RSN Intended Use Plan

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1. The projected number of adults clients to be contacted using PATH funds.

Please see individual project descriptions.

a.2. Projected number of adult clients to be enrolled using PATH funds.

Please see individual project descriptions.

a.3. Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Please see individual project descriptions.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Please see individual project descriptions.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Please see individual project descriptions.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Please see individual project descriptions.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Please see individual project descriptions.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

KCRSN served 28,212 adults throughout the third quarter of 2010. Of this number, 1,685 or 7% were literally homeless at some time during the year.

Please see the enclosed IUP for each agency for a detailed response specific to the population each serves.

b. list services to be provided, using PATH funds (see pages 4 and 5 of the RFA for PATH eligible services);

All Federal PATH funds received by KCRSN are used to fund direct services in the form of outreach, engagement and stabilization case management services for homeless persons who are determined to have a severe and persistent mental illness or concurrent mental illness and substance abuse.

Although PATH funding is targeted to outreach and engagement of seriously mentally ill, homeless adults, the broader range of services listed below are integrated and augmented with additional local funds:

- Outreach and Engagement
- Screening and Diagnostic Treatment Services
- Habilitation and Rehabilitation Services
- Community Mental Health Services
- Alcohol or Other Drug Treatment Services
- Staff Training
- Case Management Services
- Referrals for Primary Health Services, Education Services, Job Training, and Housing Services
- Technical assistance in applying for housing
- Screening for housing placement using the Vulnerability Assessment Tool

Please see the enclosed IUP for each agency for a detailed response specific to the services provided by each agency.

- i. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

KCRSN coordinates with a large number of community organizations to provide key services. This helps to build a full spectrum of services that otherwise would not exist.

Primary Health

KCRSN allocates funding to a Mental Health Integration Program that integrates mental health services at community mental health centers with primary health care. The purpose of this program is to improve health and behavioral health outcomes and reduce utilization of emergency rooms and other acute care resources.

Housing

KCRSN provides a wide range of housing services to persons served in the mental health system and has a staff person devoted to housing and vocational services.

Sound Mental Health operates the Forensic Intensive Supportive Housing (FISH) Program. This is an intensive supportive Housing First Project that is

tailored to provide effective prevention and intervention strategies for homeless defendants. These individuals are most at-risk and most in need to reduce or prevent more acute illness, high-risk behaviors, incarceration and other emergency medical needs or crisis services. The FISH program is funded by the King County Veterans & Human Services Levy and has capacity for 60 participants, 18 of whom will be Veterans.

Employment

KCRSN staff meet regularly with representatives from the Washington State Division of Vocational Rehabilitation (DVR) and the vocational services providers in King County to ensure coordination and capacity for the clients served.

An evidenced based vocational program, Supported Employment, has also been developed. Training support for this program was initiated in late 2008 consisting of group presentations and individual agency consultations. In 2010, King County conducted the first series of fidelity reviews to verify that the participating vocational agencies are providing evidence based services based on the Supported Employment model. Incentives are available for agencies that provide supported employment services to individuals served by the mental health system. Supported Employment has a “zero exclusion criteria” that allows clients with the most severe symptoms to participate.

Substance Abuse

KCRSN is wholly housed within the King County Mental Health, Chemical Abuse and Dependency Services Division, allowing for a high degree of coordination and sharing of information and resources for individuals who require substance abuse treatment.

An outreach and engagement program for homeless individuals leaving hospitals, jails, or crisis facilities implemented in 2009 continues to be offered through the Public Health Department with funding by the King County Mental Illness and Drug Dependency (MIDD) Plan. Licensed mental health professionals engage clients and provide stabilizing services with the goal of making referrals to mental health and drug and alcohol treatment providers in order to assure appropriate ongoing treatment for those individuals who are eligible for services. This program serves about 415 individuals a year.

Please see the enclosed IUP for each agency for a detailed response to each of the above listed areas specific to the community organizations each coordinates with that address client needs.

- c. gaps in current service systems;

The most pressing gap in the current service system in King County has been the lack of funding to meet the needs of individuals who do not have Medicaid coverage. This is due to State funding shortages and Medicaid rules. King County has been unable to provide an adequate supply of ongoing community mental health treatment/ services to meet the needs of individuals without Title XIX Medicaid. With new State funding shortages, it is expected that King County will be able to provide even fewer community mental health treatment/ services to meet the needs of individuals without Title XIX Medicaid.

Due to recent State of Washington budget cuts, many programs in the KCRSN experienced a twenty percent cut in funding. One of these programs is the Homeless, Outreach, Stabilization and Transition (HOST) program that contributes to the outreach and engagement services of Downtown Emergency Service Center (DESC) PATH clients. Other services that were impacted include housing, crisis services, and jail transition services.

Housing availability in King County is also decreasing. The Housing Trust Fund has been significantly depleted and currently it is not in the process of being rebuilt to adequately provide funding for future housing.

The Mental Health Integration Program has provided access to medical and mental health services for individuals who would otherwise not have had access. KCRSN will continue to work aggressively to provide access to services for individuals no longer able to be served through the GAU program. The 1/10th of 1% sales tax will provide increased non-medicare funding and could be a resource for some individuals who originally qualified for GAU.

Please see the enclosed IUP for each agency for a detailed response specific to the gaps in services and the agency's response to the need.

- d. services available for clients who have both a serious mental illness and substance use disorder;

KCRSN is also known as the King County Mental Health, Chemical Abuse and Dependency Services Division (KCMHCADSD). As KCMHCADSD, the Division has many staff dedicated to ensuring services to persons with chemical dependency and substance use disorders. There is a high degree of communication and growing coordination between mental health providers and chemical dependency treatment services providers. Many of the licensed mental health agencies in the KCRSN network have also become licensed outpatient chemical dependency providers, including both DESC and SMH.

Washington State 2011 PATH Application
King—RSN Intended Use Plan

Please see the enclosed IUP for each agency for a detailed response specific to the services available to clients who have both a serious mental illness and substance use disorders.

- e. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

A high degree of coordination happens in King County overall regarding the provision of housing for individuals who are homeless. As noted earlier, there is a KCRSN staff person devoted to housing. This staff person is on the McKinney Steering Committee which coordinates funding for all of the McKinney programs as well as the Shelter Plus Care Coordinating Committee which provides Shelter Plus Care vouchers. This staff person is also active in the Housing Access Services Program for King County Section 8 vouchers. In addition, he participates in both the Taking Healthcare Home program to coordinate the development of housing for those who are chronically homeless in King County and in the Ten Year Plan to End Homelessness.

KCRSN contracts with SMH to provide the South King County Housing First Program. This program provides permanent supportive housing for homeless adults with mental illness.

Please see the enclosed IUP for each agency for a detailed response specific to strategies for making suitable housing available to PATH clients.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

KCRSN contracts with DESC and SMH for PATH services. Both providers have active participation in the HUD Continuum of Care programs and other local planning, coordinating and assessment activities.

Please see the enclosed IUP for each agency for a detailed response specific to their local planning, coordinating or assessment activities.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix G: "SAMHSA Guidelines for Cultural Competence.")

King RSN contracts with DESC and SMH for PATH services. Both providers have very diverse client demographics. Both agencies also have a culturally

Washington State 2011 PATH Application
King—RSN Intended Use Plan

mixed staff who receive regular training to provide appropriate services to clients relative to age, gender, sexual orientation, and racial/ethnicity.

Please see the enclosed IUP for each agency for a detailed response specific to demographics, services and training.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

King RSN contracts with DESC and SMH for PATH services. Both providers have included clients and their family members in different scheduled meetings to increase involvement at the organization level.

Please see the enclosed IUP for each agency for a detailed response specific to involvement of people who are homeless and family members in organizational planning, implementation, and evaluation of PATH-funded services as well as agency employment of PATH-eligible persons and PATH-eligible persons serving on governing or formal advisory boards.

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Downtown Emergency Service Center (DESC)
515 3rd Ave
Seattle, WA 98104

DESC is an agency that provides a multitude of services to homeless and previously homeless adults. DESC is located in Seattle and is part of the King County Regional Support Network. DESC is a state licensed Community Mental Health and Chemical Dependency Treatment Provider. DESC's mission is to end the homelessness of our communities most vulnerable through an integrated array of clinical services and supportive housing. PATH funds are used to outreach, engage, and stabilize homeless adults with severe and persistent mental health disorders living within the City of Seattle and north King County.

2. Indicate the amount of federal PATH funds the organization will receive.

DESC will receive \$134,984. All match for King RSN is listed on the DESC SF 424, because all King RSN match is provided through Sound Mental Health.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a.1. The projected number of adults clients to be contacted using PATH funds.

DESC PATH projects to work with 381 clients. In order to reach the Federal expectation that at least 44% of total clients served are enrolled, PATH staff have begun outreaching fewer clients and working more intensively with the clients that are currently engaged. The goal is to serve a total of 250 clients each year starting the following PATH year.

- a.2. Projected number of adult clients to be enrolled using PATH funds.

110 enrolled clients. This number will remain the same for this PATH year and the following years.

- a.3. Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

92% of clients will be "literally" homeless based on data from the last 5 years.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Historically 92% of DESC PATH program clients are literally homeless. DESC PATH staff screens all new clients to make sure they are “literally” homeless. Outreach staff are primarily finding new clients living on the streets or that are utilizing homeless shelters. DESC has an extensive database of clients that can be cross-referenced to ensure there is no evidence that the person is housed. PATH outreach staff also use the King County Mental Health Database (Extended Client Lookup System) to screen all potential PATH clients. This database contains the client’s housing at last contact. All referrals to HOST from hospitals, jails, and the community go through the outreach supervisor who screens them for chronic homelessness.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

PATH funds are used to fund 5 DESC PATH outreach workers whose primary job is to do street and homeless shelter outreach and to respond to referrals from the community. Often in the early stage of outreach, the PATH client only has built rapport with this outreach worker. For this reason, much of the case management tasks all done primarily by the outreach worker. PATH staff members have offices within either the DESC Main Shelter or at the Kerner Scott House Women’s Shelter. Outreach staff also do outreach within the jail system, hospitals, on the street and within other homeless services. This allows them to outreach for new potential PATH clients, be available for current PATH clients, and also allows them to literally meet clients where they are at. PATH staff also works collaboratively with shelter staff to actively engage and outreach PATH clients, and to come up with plans to best serve these highly needy and at times difficult to serve individuals.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Currently the DESC PATH program is not collecting and reporting services to PATH clients through HMIS and PATH data standards. DESC does however submit HMIS data for housing and shelter clients. We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Each PATH staff member is allotted \$200 a year for trainings. All trainings are approved by the HOST supervisors to ensure they are based on evidence-based practices and are appropriate for staff working with PATH clients. DESC also

provides monthly in-service trainings on a variety of topics appropriate for working with disabled homeless clients. All PATH staff are required to complete an extensive orientation in the first month of employment.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

This agency currently supports training for implementation of HMIS training and activities to migrate PATH data into HMIS. Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

Outreach Services: Outreach uses strategies aimed at engaging people in an array of services, including: identifying individuals in need, screening, development of rapport/trust, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Active outreach is defined as face-to-face interactions with literally homeless people on the streets, in shelters, under bridges, and in other non-traditional settings. The PATH office also operates a drop-in center for PATH clients open from 9:00am-12:00pm on weekdays. The drop-in offers food, showers, laundry, restrooms, and activities. In active outreach, workers seek out homeless individuals. The other category of service includes what can be called "inreach", defined as when outreach staffs are located in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. Over time, engagement begins to occur. DESC provides these services in a primarily urban setting and does outreach on the streets, in service sites/shelters, and takes referrals from local sources.

Screening and Diagnostic Treatment: PATH staff are trained and skilled in screening and providing provisional diagnostic impressions and treatment recommendations on the clients they encounter. PATH staff are also supervised by two MSWs trained in community mental health and there are psychiatric services within the agency for any further diagnosis formation and treatment determined to be necessary. In addition, DESC works closely with mental health specialists with the Healthcare for the Homeless Program, located at the Salvation Army, Compass Center, and the Harborview Hospital clinic, the 3rd Ave Center.

Habilitation and Rehabilitation: PATH clients have access to DESC's vocational program. DESC is a direct provider of DVR services - We

provide DVR funded services including: Community Based Assessments; Trial Work Experiences; Job Development; Job Retention; and Intensive Training. King County will provide outcome based funding for Engagement and Job retention services before and after involvement with DVR for those clients enrolled in the RSN services of: an Outpatient Benefit; long-term Rehabilitation Benefit; Standard Supportive Housing Benefit; Intensive Supportive Housing Benefit; Expanded Community Service Benefit; Clubhouse; or Mental Health Integration Program. If one of our clients is assisted in getting or keeping a job but is ineligible for DVR funding the County will provide alternative outcome based funding as well. PATH clients are also eligible to participate in a vocational training program in our drop-in center that operates a vending machine and can volunteer in the DESC Thrift store.

Community mental health services and chemical dependency services: DESC is a dually licensed community mental health provider and chemical dependency provider, allowing for tight integration of services. Training for staff occurs on a regular and periodic basis for both programs, including a yearly mandatory clinical inservice. In addition, DESC is actively engaged in re-orienting all services to a recovery approach. The HOST supervisors sit on a committee to enhance recovery goals at DESC.

Staff trainings: PATH staffs give numerous trainings throughout the year on engaging and working with people with chronic mental illnesses. There are frequent trainings within our agency on how to work with hard to engage mentally ill clients. HOST staff is involved in skills training and consultation with the Seattle Police around engaging and deescalating people with mental illness. Staff also do regular skill trainings and provide information at places that serve our clients including the libraries, public health offices, food banks, and churches.

Case management services: PATH staff are involved in a broad array of case management services, including: connecting clients to entitlements, helping clients access primary care services, finding housing, and being the point person for the array of services and agencies involved in our clients lives.

Supportive services within residential settings and improving housing coordination: PATH staff spend a large percentage of their time out of the office and at the shelters and housing projects where clients live. Many of our clients will not come down to our office and services are brought to them. There is also frequent contact between PATH and housing staff to coordinate care and make sure that our clients are successful in housing. Housing staff are invited to the PATH weekly consult to discuss mutual clients and there are frequent care conferences between housing and clinical staff.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Primary care: DESC was awarded a SAMSHA grant to establish a primary health clinic within our Pioneer Square mental health office. The clinic began operation on February 15, 2011 and is focused on providing care to patients with a history of being prescribed atypical anti-psychotic medication, who are vulnerable, and are without current primary care. Many PATH clients will be able to access this clinic. The DESC Main Shelter also has a medical clinic operated by Health Care for the Homeless with one full time RN. Medical students from Harborview Medical Center also come regularly to the shelter to treat, assess, and make referrals for shelter clients. The PATH program also has strong working relations with three medical clinics (Pike Market Clinic, 3rd Avenue Center, and Pioneer Square Clinic). Many DESC housing projects have RNs that come regularly to buildings to provide medical care (HHOT Team).

Mental Health: DESC - Many PATH clients transition to DESC's SAGE Community Mental Health program for on-going case management services and treatment. Other clients are transitioned to a variety of agencies specializing in serving particular minority groups or other agencies more geographically convenient to the client's residence or client's preference.

Substance Abuse: DESC is a licensed Chemical Dependency (CD) provider and many PATH clients are enrolled in services. PATH and CD staff run two groups a week that focus on the most severely mentally ill and chemically dependent clients. Referrals are also made to outside treatment agencies when appropriate, including methadone treatment. Key CD agencies include: Evergreen Treatment Services, Therapeutic Health Services, Recovery Centers of King County, and Thunderbird Treatment center.

Housing: DESC - A major provider of supportive housing and Safehaven housing for PATH recipients. As this is an in-house resource, we are able to achieve a high degree of coordination at the point of housing placement and integration of services after housing is acquired. Currently, DESC operates 8 separate buildings all prioritizing the most vulnerable homeless clients. Archdiocesan Housing Authority (AHA) - known for housing homeless adults and providing a degree of housing support. Coordination of services between PATH funded staff and AHA staff is done with relative ease and with philosophical congruence. DESC and AHA staff coordinate

efforts to assure appropriate support is available to the client as they stabilize in housing. Catholic Community Services (CCS) - Agency provides a continuity of care for homeless clients including shelter services and housing. Much of their services are focused on women. One PATH outreach worker focuses the majority of her outreach in women's services and has a strong working relationship with CCS. Plymouth Housing Group (PHG) - Large provider of low income housing in Seattle. Also manages the Shelter Plus Care vouchers for the area. Some of PHG's housing stock is appropriate for PATH clients. DESC staff and PHG staff coordinate efforts to assure appropriate support is available to the client as they are stabilized in housing. DESC has maintained an agreement with PHG establishing 5 "set aside" units in one building a block from the PATH team office. Seattle Housing Authority - Manages Section 8 resources applied to DESC and other housing programs. This is primarily an application processing arrangement.

Shelter: Downtown Emergency Service Center (DESC), Archdiocesan Housing Authority (AHA), and Salvation Army's William Booth Center provide the key shelter resources for adults with severe mental disorders and co-occurring mental health and substance abuse conditions. Recently, the Union Gospel Mission has made efforts to coordinate with the PATH program and we are having discussions about having PATH do outreach in their shelters. PATH staff have offices within the DESC main shelter as well as one staff member located at DESC's Kerner Scott House Women's Shelter. PATH staff also provide direct outreach to Noel House (AHA shelter for women), Mary's Place (church run women's drop in center), Angeline's YWCA (women's drop in center), Hammond House (women's shelter operated by Compass), and the Women's Referral Center (Catholic Community Services run shelter placement).

Outreach: DESC's PATH program works hard to coordinate outreach efforts in King County. Monthly, the PATH supervisor hosts a meeting of outreach workers and often people of concern and areas of town that need more focus are discussed. Besides DESC's PATH program, there is a small but effective outreach program provided by the Mental Health Chaplaincy that works with homeless adults. Other outreach programs focus on different subsets of the homeless population.

Crisis: DESC will be opening the Crisis Solutions Center (CSC) in 2011. The CSC will provide a new resource for police, medics, crisis mental health professionals, and other first responders to be used for individuals who are in crisis and might otherwise receive no help, or be taken to jail or hospital emergency departments. The goal of the CSC is to reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems. There will be close coordination between the CSC and PATH for referrals to the PATH program and

outreach and engagement to PATH clients within the facility. All PATH clients are eligible for crisis services during normal working hours. For more engaged PATH clients, there is 24 hour crisis coverage available through a contract between DESC and Sound Mental Health. Harborview Emergency Room/Psychiatric Emergency Services (PES): DESC has a long history of receiving referrals from the ER/PES to DESC's shelter and Crisis Respite Program. PATH staff frequently go to Harborview's ER/PES to deliver crisis intervention services and attempt to prevent inpatient psychiatric hospitalization for PATH clients.

Employment: In 2008, DESC hired an employment services project manager and a full time employment specialist/job developer. Another full time employment position was added in 2009. PATH clients are eligible to take part in job groups and meet individually with an employment specialist to look for employment and increase skills needed for employment. DESC is currently a contracted Division of Vocational Rehabilitation (DVR) Vendor.

d. gaps in current service systems;

Funding cuts at State and County level: Due to across the board cuts by the State of Washington, King County funding for HOST was reduced from \$807,599 in 2010 to \$648,756. Due to this cut, the overall HOST/PATH program had to eliminate two direct service positions, one outreach worker and one case manager, and also the agency's psychiatric ARNP time devoted to HOST/PATH clients. PATH clients still have access to two agency psychiatrists. This 17% cut in overall funding will obviously impact the number of clients served by HOST/PATH and our overall performance. There have also been large cuts in Non-Medicaid funding. Many HOST/PATH clients do not have Medicaid and these clients rely heavily on Non-Medicaid funding to pay for ongoing mental health services. The loss of Non-Medicaid dollars will make it much harder to transfer HOST/PATH clients to mainstream community mental health programs. The State of Washington also proposes to cut Disability Lifeline, a State welfare program for people who can't work due to physical or mental disabilities. This is a very important funding source for PATH clients that lack insight into their mental illness and are unwilling or unable to apply for Social Security.

Response: Currently DESC is looking for other sources to cover the cuts. These include the City of Seattle, United Way, and private funders. In 2010, the HOST supervisor and DESC clinical director took part in a Seattle City Council report on homeless outreach and testified in front of the Seattle City Council Housing and Human Services Committee on the need for more funding for outreach. Given that almost all HOST/PATH outreach happens within the city of Seattle City Limits, it would make

sense for the city to fund part of the project. Caseloads will go up for each worker and emphasis will be to provide more comprehensive services to a smaller amount of clients. Outreach workers will cover a larger area, but focus less on finding new PATH clients and more on working with those willing to engage on some level. There would be more coordination with outside outreach programs to make sure there are not gaps in serving the most vulnerable homeless population. DESC staff will continue to advocate for more funding for Non-Medicaid and look for other transfer options besides community mental health. PATH staff will continue the strong relationship and agreement we have had with the local DSHS office to expedite the SSI process and attend trainings on how to assist clients in getting onto Social Security Benefits. DESC will also continue joint advocacy with SEIU to advocate against any future cuts this year.

Housing Shortage: Subsidized and supportive housing is in short supply and insufficient to meet the needs of PATH eligible people in Seattle and the surrounding area. DESC has opened new subsidized buildings for the last few years, which allowed for a 65% increase in numbers of HOST/PATH clients housed in 2009-2010. The next DESC building is not slated to open until 2012. Traditional housing and much of the supportive housing stock often does not address the needs of PATH clients who have the most severe and persistent mental disorders/co-occurring substance use disorders. Such people usually need supportive housing, which includes 24 hour a day on-site support staff.

Response: DESC will continue to plan, build, and manage new supportive housing projects. The next building to open in fall 2012 will be in North Seattle with 80-90 studio apartments. DESC staff will also continue to lobby for more housing fund dollars and work with the 10 Year plan to end Homelessness to advocate for more dollars to go to supportive housing for the PATH population.

Shortage of dental services: Dental services in Seattle remain in short supply. DSHS has cut the reimbursement for comprehensive dental care, but the downtown Seattle Public Health office continues to fund non-emergency dental care for homeless clients with low incomes. There continues to be very few other options beyond the downtown Public Health office.

Response: PATH supervisors have been advocating strongly with Public Health to allow all homeless PATH clients access to their VIP program. The VIP program allows case managers to fill out all paperwork before hand and allows clients quicker access to ongoing dental services. Currently, the VIP program only offers services through housing projects. The PATH outreach supervisor has done a couple trainings for Public Health staff about mental illness to increase their knowledge and comfort

working with this population. We expect Public Health to make a decision on whether to include PATH clients in the near future.

Vocational/Meaningful Activity: There is limited access to vocational resources for PATH clients. Mainstream employment support programs are not well suited to engaging and assisting PATH consumers.

Response: DESC is now a direct provider of Washington State DVR services. Two employment specialists provide DVR funded services for PATH clients including: community-based assessments, trial work experiences, job development, job retention, and intensive training. King County will provide outcome-based funding for engagement and job retention services before and after involvement with DVR for clients in RSN services. DESC offers some opportunities within the drop-in center and in our thrift-store for more formal pre-vocational activities. Drop-in clients can participate in the Achievement Club, which operates a vending machine and meets bi-weekly to work on job skills. PATH clients are also able to access GED classes that operate through the DESC Connections Program. DESC housing offers activities for clients within the buildings as well as community outings.

- e. services available for clients who have both a serious mental illness and substance use disorder;

DESC has been a licensed chemical dependency treatment provider since 1999. We have developed our chemical dependency treatment program with the PATH population and chronic substance abusing population in mind. There is tight Integration of chemical dependency and mental health services at DESC. There are daily CD groups and two additional groups co-facilitated with PATH and CD staff targeted specifically towards clients with schizophrenia and severe substance abuse problems. Harm reduction is a strong treatment modality throughout our agency. CD staff attends the PATH psychiatric consult monthly to discuss clients with co-occurring disorders. One of our psychiatrists has a sub specialty in Addictions Psychiatry by the American Board of Psychiatry and Neurology. Referrals are also made to outside chemical dependency outpatient and inpatient centers including: Thunderbird Treatment Center, Sea Mar, Pioneer Center North, Therapeutic Health Services (THS). Recovery Centers of King County (RCKC), and Evergreen Treatment Services (ETS).

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

DESC has been very involved in the development and implementation of a system wide Vulnerability Assessment Tool (VAT) being used to prioritize the most vulnerable homeless clients to move into new supportive housing units. There has been a strong effort in King County to come up with a systematic way to fill supportive housing units. Prior to this effort, every agency would manage their own waiting lists and decide internally how to rent up their units. The first coordination method relied heavily of moving high utilizers of hospital and jail services into open apartments. DESC argued that vulnerability should also be used as criteria for prioritizing vacancies and offered the use of the VAT, which was already being used to prioritize with DESC's housing stock. DESC has agreed to train 20 non-DESC staff to do the assessments and the scores will be used in filling future open supportive housing units in King County. These efforts will hopefully prioritize more PATH clients for non-DESC supportive housing. DESC will continue to aggressively pursue funding for development of subsidized and supportive housing. We will build on a strong track record of developing and operating housing that meets the needs and limitations of the PATH eligible population. Housing longevity and clinical stabilization remain the focal points for our efforts. DESC operates the Kerner-Scott Safehaven with a flexible entry approach as well as a highly individualized service model. Many PATH clients are prioritized for apartments at Kerner-Scott Safehaven. DESC also operates 7 other supportive housing buildings. A new building will be opening in Fall of 2012 with 80-90 units. DESC works with Seattle Housing Authority of the Section 8 resource that is applied to DESC housing and with the Plymouth Housing Group for the Shelter Plus Care Vouchers available to DESC PATH clients. Sixty vouchers for scattered site subsidized housing are also available to DESC through an agreement with SHA.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

DESC's Housing Director is a member of the McKinney Steering Committee, the group that sets the Seattle/King County continuum of care priorities, guiding what goes into the local application to HUD for continuum of care funds. DESC's Executive Director sits on the Interagency Council (IAC) of the Committee to End Homelessness, which gives feedback and input to the IAC funders group of the 10 year plan committee to end homelessness that also makes allocation decisions. The DESC PACT program director sits on the Single Adults Committee of the 10-year plan. The PATH supervisor is on the Single Adults Committee for the Seattle/King County Coalition on Homelessness (SKCCH). Through these efforts we are able to ensure the needs of homeless individuals with

severe mental illness, especially those that don't seek out care, are represented in policy formation and resource allocation.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

(a). The population served by the DESC PATH program is quite diverse. In the 2009-2010 PATH year, 58% of participants were Caucasian, 28% African American, 4% Hispanic and 4% Asian, and 4% other.

(b). Currently, staff serving the PATH program include a primarily Caucasian staff with one Hispanic staff member. 80% of the staff are female. There is one peer specialist assigned to the team and one outreach worker who are fluent Spanish speakers. Another outreach worker is almost proficient in Spanish. A fully certified interpretation service is used as needed to bridge the language gap with clients that have limited or no English proficiency.

(c). There are annual Special Population Cultural Consultations for all PATH staff serving clients that fit into specific minority groups and are engaged in case management services. They are done by qualified minority mental health providers (per Washington Administrative Code). DESC internally has one staff member trained and qualified to do older adult consults for PATH staff. In addition to getting individualized consultations focused on cultural issues and implications for case management and psychiatric treatment, this activity provides case managers with multiple opportunities to expand their general cultural competency.

d). DESC sponsors a minimum of one mandatory in-house staff training per year focused on cultural awareness/competence. Other community trainings on age, sexual minorities and ethnic minority cultural competence are available and supported by the agency paying the cost of training.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

A concerted effort is made to involve family members in the care of PATH participants. Numerous family members have assisted outreach work to engage clients, and with client permission, they have also been involved in participating in treatment planning and implementation. PATH clients routinely volunteer in our drop-in center, participate in the client driven Achievement Club, and occasionally help out in the agency thrift store. PATH clients have been invited to join the Mental Health Community Advisory board at DESC, but only one has participated and only for a short period. Consumer meetings are held in our drop-in center every other week to maintain an avenue for clients to offer input regarding the quality and nature of services provided. DESC's Executive Director meets with consumers of DESC's mental health programs every other month to listen to input about the nature and quality of services, engage in dialog about ways to improve our services and their lives, and specifically to help move service and treatment strategies to a recovery oriented model. DESC also has a Recovery Plan Work Group that makes recommendations to the Agency and Board of Directors. A current recommendation is to have a consumer and family member join the DESC Board of Directors.

**Washington State PATH Application 2011
King RSN - Downtown Emergency Service Center**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$93,339.00	\$71,584.00			\$164,923.00
b. Fringe Benefits	\$31,278.00	\$23,987.00			\$55,265.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies					\$0.00
f. Contractual	\$9,772.00				\$9,772.00
g. Construction					\$0.00
h. Other	\$0.00				\$0.00
i. Total Direct Charges (sum of 6a - 6h)	\$134,389.00	\$95,571.00			\$229,960.00
j. Indirect Charges					\$0.00
k. TOTAL (sum of 6i and 6j)	\$134,389.00	\$95,571.00			\$229,960.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

Washington State 2011 PATH Application
King—DESC Budget Narrative 2011

**SF 424A Budget Narrative
FY 2011-2012**

Downtown Emergency Service Center

Personnel

Position	PATH & Match Funded Salary*	PATH-funded FTE	MATCH Total for Salaries	PATH Total for Salaries	TOTAL
Outreach Case Mgr.	\$32,643	1.00			
Outreach Case Mgr.	\$32,643	1.00			
Outreach Case Mgr.	\$33,442	1.00			
Outreach Case Mgr.	\$35,939	1.00			
*Outreach Case Mgr.	\$30,256	0.93			
		4.93			
Subtotal (424A, Section B, 6.a.) (*partial fte covered by PATH funds)			\$71,584	\$93,339	\$164,923
Fringe Benefits (25% of Salary) Enter subtotal on 424A, Section B, 6.b.			\$23,987	\$31,278	\$ 55,265
Contractual NWRA Data collection & analysis – Section B,6.f (paid directly to NWRA by State)					\$ 9,772
Total Direct Charges (sum of 6.a-6.h)					\$ 230,555
Enter subtotal on 424A, Section B, 6.i.					\$ 230,555
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k.					\$ 230,555

No other costs are allocated to Federal PATH funds.

Partial FTE (remainder of FTE covered by other funding).

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Sound Mental Health (SMH) is a community-based, countywide behavioral health agency providing outpatient services to adults, children and families. Since its inception in 1967, SMH has offered services to individuals (adults, children and families) who are homeless or at risk for homelessness. Many of these homeless have extensive criminal histories, concomitant chemical dependencies and/or low social functioning skills as well as mental disorders. These services are offered in the urban core, eastside and south King County, both site and community based. Services include aggressive outreach, residential support, payee services, individual therapy, vocational rehabilitation, medication management, and case management services as necessary to attain client goals. SMH has developed non-traditional, flexible case management services for the highest risk, highest utilizing multi-system adults, and is recognized for creative approaches and effective outcomes. SMH applies a best-practice case management approach, based on Program for Assertive Community Treatment standards (PACT), which emphasizes out-of-facility, community-based outreach to “meet the client where he/she is.”

SMH has a strong presence in South King County with campus sites in Tukwila and Auburn as well as additional specialized services at the Kent Regional Justice Center and the Auburn Court. SMH provides transitional and housing services to inmates released from Kent, Auburn, Renton, Enumclaw, Kirkland and Issaquah courts and jails for co-occurring disorder clients. Our Auburn and Tukwila centers are the largest adult community mental health centers in South King County and the Bellevue and Redmond centers serve rural and urban East King County. SMH is the provider of the South King County Housing First Demonstration Project and, while some of the HGAP funding was reduced at the end of 2009, SMH continues to provide low barrier expedited access to permanent housing to 42 chronically homeless individuals. On a daily basis staff provide outreach and engagement to clients who are homeless, need extra supervision to stabilize housing, and/or are involved in a crisis. In late 2007 King County Community Services contracted with SMH for two additional staff to further outreach efforts in South King County. In addition, the agency was awarded the Forensic Assertive Community Treatment (FACT), Forensic Intensive Supportive Housing (FISH) and Jail Re-entry programs intended to serve homeless individuals. SMH is a recipient of the 2008 Washington Family Funds to serve 15 chronically homeless families in South King County.

SMH is a certified Chemical Dependency agency providing screenings, assessment for substance abuse and dependency, intensive and outpatient treatment and referrals to inpatient. Determining each individual's readiness for

chemical dependency treatment is crucial to the assessment process and those who are ready move into the treatment process. For those who are not, SMH staff is trained in motivational techniques to bring clients to the point of treatment readiness and enhance the client's desire to remain clean and sober. The agency uses an integrated treatment approach to address mental health, chemical dependency, and criminal behavior issues. Referral options include services for alcoholism, alcohol abuse, opiate addiction, cocaine addiction and poly-drug abuse. Available treatment philosophies range from drug-free "Step" modalities to prescriptive therapy, including methadone maintenance and detoxification, pharmacology treatment, and symptomatic detoxification.

The PATH service is available throughout areas of King County outside of Seattle city limits. Given the 10 year plan to end homelessness, the PATH emphasis is in South County and East King County. South King County includes to the Pierce County Line, Federal Way, Pacific, Algona, Maple Valley, Covington, Black Diamond, Ravensdale and Enumclaw. East King County includes Issaquah, Redmond, Kirkland, Sammamish, Bothell, Kenmore, Woodinville, Duvall, and Snoqualmie. For those identified in jails and courts, the process of engagement will begin with the SMH staff sited at the particular facility.

2. Indicate the amount of federal PATH funds the organization will receive.

For the PATH services in FY 2011/2012, the federal funding will be \$134,903. For equipment costs to support the PATH Palm Pilot Data Collection Project, SMH will receive \$250. No match is listed for Sound Mental Health, because King RSN provides all match for both PATH projects through DESC.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1. The projected number of adults clients to be contacted using PATH funds.

Given the national and local trend, SMH is prepared that the team may need to contact and assess a minimum of 250 to 375 persons to reach 125 enrollees.

a.2. Projected number of adult clients to be enrolled using PATH funds.

125 is our goal of adult clients to enroll for the year, but we hope to exceed that number as we have in previous years.

a.3. Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Analysis of the data gathered over the previous 4 years indicates projections of approximately 65% of the clients served with PATH funds are "literally"

homeless. SMH continues to gather baseline data regarding the percentage of clients served with PATH funds that might be “literally” homeless.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Assertive outreach; PATH case managers have relationships with DSHS, Shelters, Food banks, Police, City Officials and the general public who all refer to PATH when they see homeless people in the community and the PATH case workers move quickly to reach those people where they are in South and East King County.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

PATH funds are used to fund 1.7 FTE positions for outreach workers.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Currently, Sound Mental Health is entering data into HMIS for other programs but is not doing so for the PATH program. We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Sound Mental Health is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

SMH supports evidence based practices and provides PATH staff access to webinars, electronic courses and training funds.. The PATH team has been and continues to be represented at the statewide Washington State Coalition for the Homeless conference each year.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Sound Mental Health anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

- Outreach and Engagement.
- Screening and Diagnostic Treatment.
- Habilitation and Rehabilitation.
- Medication Management.
- Staff Training.
- Case Management Services.

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- Referrals to: Primary Health Services, Education Services, Job Training, Housing Services, Community-Based Behavioral Health Services and Psychiatric Assessments
 - Housing Placement: Staff Assistance in Locating New Housing Resources and Support Maintaining Housing.
 - Coordination and Referral to the South King County Housing First Project
- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

SMH staff has established local and regionalized connections to other service providers such as Health Point clinics, Mobile Medical Van, local and regional Community Service Offices, Police, Pharmacies and social service companies that serve provide food, shelter, and clothes. Building upon this the PATH team will have knowledge of local resources, both in the formal service network and social service/service club agencies.

With this strong focus on system integration and access to necessary services for our clients, SMH has established:

- Housing subcontracts and agreements with other providers such as with Low Income Housing Institute, Pioneer Human Services, Catholic Community Services and the YWCA as well as private landlords countywide, King County Housing Authority;
- Working relationships to facilitate voluntary/involuntary commitment;
- Working agreements with Department of Social and Health Services (DSHS) to expedite benefits;
- Connections with non-profit social services for clothing, food, furniture, and employment training;
- Utilization of Hopelink and other transportation cost reduction programs;
- Access to specialized homeless services such as drop in centers, referral sources, shelters;
- Coordination with and access to Healthcare for the Homeless and the South King County Public Health Clinics; and
- Access to SMH consumer resources, life skills and care coordination (north, east and South County) for developing living skills, social support, and personal financial management skills.

- d. gaps in current service systems;

The most notable gap in the system is the lack of affordable housing and the availability of an array of housing types to meet individual needs. There is not enough clustered living (shared housing without 24-hour staffing) available. Challenges include community opposition to housing this population in their

communities and the simple financial burden of acquiring single family dwellings in the King County housing market.

Response: SMH continues to successfully work with private landlords and housing management companies as well as the King County Housing Authority to provide units of affordable housing for the homeless population.

There is no capacity in the mental health system for persons not funded by Medicaid for on-going mental health treatment.

Response: Through the King County Mental Health, Chemical Abuse and Dependency Services Division, we assist individuals in accessing Mental Health treatment through expenditures of the Mental Illness and Drug Dependency (MIDD) non-medicare funds. We also attempt to acquire Medicaid spend downs for those individuals with Medicare.

There is a shortage of appropriately designed chemical dependency treatment for homeless people with co-occurring mental health and substance use disorders.

Response: SMH is a certified, contracted chemical dependency provider. Special vouchers are still made available to non-medicare PATH clients who are able to be served through our co-occurring disorders (COD) program. Funded COD clients can be directly referred into the SMH COD program. SMH's outreach workers are co-credentialed with CD specialization.

Funding for vocational services continues to be inadequate to meet the need.

Response: SMH continues to be committed to vocational services and have vocational staff to assist clients in negotiating the DVR system and obtain appropriate training and job preparedness in spite of limited financial resources. SMH is participating in the Supportive Employment initiative for all of its clients.

Access to frequently expensive psychiatric medications for clients keeps many with ongoing and increased symptoms. Medication stability would greatly improve the probability of engaging, transitioning, and housing these individuals.

Response: SMH provides psychiatric medication and medication management for eligible clients. In addition, SMH coordinates with the Mobile Medical Van and Health Point for non-medicare clients.

Access to facilities for hygiene, laundry, storage of belongings, etc.

Response: SMH provides access to these services.

- e. services available for clients who have both a serious mental illness and substance use disorder;

The PATH case managers will provide a substance abuse/chemical dependency screening to determine appropriate treatment plans and linkages to necessary chemical dependency treatment services. SMH will coordinate referrals and linkages to chemical dependency providers as well as accept internal referrals. SMH has an excellent working relationship with chemical dependency treatment providers in the community. SMH is certified and contracted as a chemical dependency (OP & IOP) provider with a strong integrated approach to behavioral services. Of its certified outpatient sites throughout King County, two are located in South King County (Tukwila and Auburn) and one in East King County (Bellevue). As a dually credentialed agency, SMH provides the full array of CD services within its teams.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

SMH is the provider of the South King County Housing First Pilot Project, a low barrier housing first project for the chronic homeless. By structuring the PATH project along with the South King County Pilot Project, SMH is able to house 42 of the most vulnerable individuals. SMH has access to the Low Income Housing Institute (LIHI) which has property in South King County. SMH housing case managers know countywide housing resources, are skilled at maneuvering systems, provide tenant support/advocacy functions, and are flexible in adjusting range, intensity and venue of services (institution, home, agency, workplace) in order to best support individuals in transition. They provide trainings on Ready to Rent, accessing Section 8 vouchers, assisting the client with paperwork for leases, and securing more permanent housing arrangements.

Access to affordable and stable housing is a critical need for homeless mentally ill. SMH has access to a wide array of housing options for the mentally ill in King County. SMH maintains a solid referral and linkage to networks and has its own portfolio of emergency, transitional, and permanent housing. SMH has contractual relationships and agreements with numerous recovery-oriented housing providers throughout King County as well as its own housing. SMH clients are housed at Downtown Emergency Service Center (DESC), Taylor Houses (Algona, Federal Way and Burien), Catherine House (Kent), Pioneer Human Services, Low Income Housing Initiative (county-wide), YWCA, Oxford Houses (county-wide), Hidden Harbor House (Des Moines), Colonial Court Apartments (Auburn) and Normandy Park Apartments (Tukwila). In addition, SMH has established agreements with private landlords and opened Holly Creek apartments since the agency was awarded the South King County Pilot Project for permanent housing. In addition, SMH has secured 30 units of housing at

Pacific Court apartment in Tukwila in conjunction with the King County Housing Authority.

SMH provides supportive housing as part of numerous services: Offender Reentry Community Safety Program (ORCSP), Forensic Integrated Re-Entry Support and Treatment (FIRST), Housing Voucher Program, COD Project and Jail Transition Services, the Forensic Intensive Supported Housing Program and the Forensic Assertive Community Treatment Program. All participants are homeless individuals who were successfully housed within 30 days of referral.

Once housing is secured, supportive services are essential to achieving stable independence in the community for the PATH clients. The supportive housing services for the PATH individuals will be offered to all of the clients, but not as a condition of occupancy. Services for all clients will be tailored according to their respective needs with the goal of assisting them to attain their recovery goals, and live successfully in the community. Each consumer will develop, in conjunction with his/her clinician, an individual treatment plan to address their overall needs and goals toward attaining their recovery objectives. The treatment plan may cover basic client needs such as community living skills, role and availability of community/natural supports, employment interests and capabilities, cultural issues and concerns, health care needs, and financial status. Case management hours may decrease as the client's daily living skills improve, recovery goals are attained, and the individual's increased independence is realized. Support services may be provided in the community or at service site or home and will respond to the client's needs and plan.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

SMH participates within the HUD Continuum of Care program as well as the regional 10-Year Plan to End Homelessness, the South King County Homeless consortium and other related activities. SMH incorporates the PATH service into its array with the local and regional police, courts, homeless providers, hospitals, and faith-based communities. SMH is a member of alliances in South and East King County and a member of the homeless workgroup in South County. SMH collaborates with the other team members who may include community correction officers, Department of Social and Health Services Division of Behavioral Health and Recovery, Department of Alcohol and Substance Abuse, King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), Division of Developmental Disability, law enforcement, local treatment providers, the client and family members, homeless advocates, County Designated Mental Health Professionals, Emergency Rooms, and jail staff. SMH has a contract to provide transitional and housing services for co-occurring disorder clients released from Kent, Auburn, Renton, Enumclaw, Kirkland, and Issaquah courts and jails. These system meetings will be utilized to the benefit of the PATH clients.

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5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

	YTD	Q1	Q2	Q3	Q4
<u>Age</u>					
a. Less than 13					
b. 13-17					
c. 18-34	30	9	5	10	6
d. 35-49	68	34	12	6	17
e. 50-64	31	14	5	6	6
f. 65-74	2	1			1
g. 75 and older					
h. Unknown					
	131	58	22	22	30
<u>Gender</u>					
a. Male	88	47	15	11	17
b. Female	43	44	7	11	13
c. Unknown					
	131	58	22	22	30
<u>Race/Ethnicity</u>					
a. Am. Indian or Alaska Native	6	2	1	1	2
b. Asian	2	2			
c. Black or African American	29	12	5	1	10
d. Hispanic or Latino	7	2	1	2	2
e. Nat hawaiian/Pacific Islander	4	2			2
f. White	81	37	14	17	14
g. Other		0			
h. Unknown	2	1			
	131	58	21	21	30
Principal Mental Illness Diagnosis					
a. Schizophrenia and Related	6	3	2	1	
b. Other Psychotic Disorders	4	4			
c. Affective Disorders	97	36	15	17	28
d. Personality Disorders	1	1			
e. Other Serious Mental Illness	11	7	1	4	1
f. Unknown/Undiagnosed	12	7	4		1
	131	58	22	22	30

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<u>Co-Occurring Substance Use Disorders</u>						
a. Yes	69	28	15	13	14	
b. No	18	9	3	2	4	
c. Unknown	44	21	5	7	12	
	131	58	23	22	30	
<u>Veteran Status</u>						
a. Veteran	9	2	19	5	2	
b. Non Veteran	107	47	3	14	27	
c. Unknown	15	9		3	1	
	131	58	22	22	30	
<u>Housing Status</u>						
a. Outdoors	63	32	14	13	5	
b. Short-term shelter	14	5	2	1	6	
c. Long-term shelter	2	1	1			
d. Own/others dwelling	33	9	3	4	17	
e. Hotel, SRO, etc.	8	4		3	1	
f. Halfway house/RTP	4					
g. Institution						
h. Jail/correctional fac	1	1	1	1		
i. Other						
j. Unknown	6	14	1		1	
	131	58	22	22	30	

SMH provides holistic and culturally sensitive treatment services to all clients. Services are provided within the client's cultural context, be that ethnic/racial, religious, disability and/or sexual preference. SMH maintains a culturally mixed and diverse staff trained in delivery of culturally specific treatment and sensitivity to cross cultural issues. SMH also accesses staff and outside consultants who meet the state mental health statutes as ethnic, cultural, and disability specialists if appropriate. Agency staffs include ethnic minority specialists (African-American, Native-American, Asian-Pacific Islander, and Hispanic), CD, Disability and Deaf Specialist as well as numerous child and geriatric specialists. SMH is the special population provider for the deaf countywide, and an active member of the King County Cross Cultural Alliance. When possible, services are offered through bilingual staff. When a language match is not possible, interpreter services are utilized.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

Persons who are homeless and have serious mental illnesses and any family members are involved within the SMH service planning at a number of levels. Peer supports are

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developing throughout the criminal justice continuum and are for PATH. Consumers participate in service and system planning activities such as meetings and workgroups. Family members are included in its governing body, the SMH Board. SMH has demonstrated experience working collaboratively with consumer advocacy organizations such as National Alliance on Mental Illness (NAMI) Greater Seattle, National Alliance on Mental Illness (NAMI) Eastside and National Alliance on Mental Illness (NAMI) South King County. Consumer-led groups are active at each of the four Adult Community Support sites (Seattle, Bellevue, Tukwila, and Auburn). SMH offers both volunteer and employment opportunities for persons who are PATH eligible. SMH does not currently have persons who are PATH-eligible serving on governing or formal advisory boards. SMH has formerly homeless peer leaders as members of the Recovery & Resilience Leadership Team.

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SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$95,248.00				\$95,248.00
b. Fringe Benefits	\$28,088.00				\$28,088.00
c. Travel	\$2,654.00				\$2,654.00
d. Equipment	\$384.00				\$384.00
e. Supplies	\$1,274.00				\$1,274.00
f. Contractual	\$10,559.00				\$10,559.00
g. Construction	\$0.00				\$0.00
h. Other	\$1,540.00				\$1,540.00
i. Total Direct Charges (sum of 6a - 6h)	\$139,747.00	\$0.00			\$139,747.00
j. Indirect Charges	\$5,715.00				\$5,715.00
k. TOTAL (sum of 6i and 6j)	\$145,462.00	\$0.00			\$145,462.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

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Personnel

The proposed wages are related to direct staff compensation including 2.15 FTE clinicians (includes after-hours crisis response) and 0.15 FTE supervisor.

Positions	Annual Salary**	PATH-funded FTE	PATH Funded Salary	Total
Outreach Case Mgr. & Supervisor	\$95,248 (combined)	2.15 .15	\$95,248	

Subtotal (424A, Section B, 6.a) **\$95,248**

** Indicates "annualized" salary for positions.

Fringe Benefits

Employee benefits include all direct staff payroll taxes, L&I, and unemployment costs. Benefit expenses also include all direct staff costs for medical, dental and life insurance, retirement plan contributions, and long term disability. Employee benefits represent 29.5% above direct staff compensation costs.

Subtotal (424A, Section B, 6.b.) **\$28,088**

Travel

This expense includes staff reimbursement for mileage reimbursement.

Enter subtotal on 424A, Section B, 6.c. **\$ 2,654**

Equipment

Includes one palm pilot purchase.

Enter subtotal on 424A, Section B, 6.d. **\$ 384**

Supplies

This expense includes office and general operating supplies for the direct program.

Enter subtotal on 424A, Section B, 6.e. **\$ 1,274**

Contractual

The expenses includes \$10,929 for NW Resource Associates (Palm Contract).

Enter subtotal on 424A, Section B, 6.f. **\$10,559**

Other

Other includes the Professional & General Liability insurance and vehicle insurance, communications expense, licensing, credentialing, advertising, printing, and training costs

Enter subtotal on 424A, Section B, 6.h. **\$ 2,183**

Total Direct Charges (sum of 6.a-6.h) **\$140,390**

Enter subtotal on 424A, Section B, 6.i.

Indirect Costs

This expense line is for general administrative and operational support costs. These costs include general administration, information systems support, medical/clinical records, accounting support services, human resources, client reception services, and maintenance support services. This administrative rate represents approximately 4% of total program expenses.

Enter subtotal on 424A, Section B, 6.h. **\$ 5,715**

Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k. **\$146,105**



March 14, 2011

Hank Balderrama
Mental Health Division/DSHS
P.O. Box 45320
Olympia, WA 98504-5320

Dear Mr. Balderrama,

The North Sound Mental Health Administration (NSMHA) is pleased to submit our Intended Use Plan, Budget, and Budget Narrative for the 2010-12 PATH Program. The NSMHA intends to contract with the Department of Behavior Health and Recovery (DBHR) for these services and will in turn subcontract with Compass Health and Whatcom Counseling and Psychiatric Clinic (WCPC) to provide PATH services. Both Compass Health and WCPC are licensed community mental health agencies. NSMHA believes that this program is a key component of its continuum of services for it allows assertive outreach and supports to one of the most vulnerable populations, people with serious mental illnesses who are homeless. The NSMHA, Compass Health and Whatcom Counseling and Psychiatric Clinic as well as their respective communities appreciate this opportunity to serve over 700 people who are homeless and have a mental illness under this contract.

In this proposal, the outreach services continue to cover all of Snohomish County. Since last year, Compass Health continues the development of a Consumer driven Peer Center. The Peer Center development in both counties have incorporated the best of Clubhouse and drop-in center programming which support a continuum of services available to engage people who have a mental illness and are homeless.

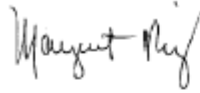
PATH Services in both counties compliment both the outreach services to people who are homeless and have mental illness/ substance abuse by accessing services through the 1/10th sales tax funding and other community based services.

The NSMHA proposes the expenditure of \$199,561 in PATH funds, which will be awarded in the coming year in the amount of \$150,348 to Compass Health and \$49,213, to Whatcom Counseling and Psychiatric Clinic. Both Compass Health and Whatcom Counseling and Psychiatric Clinic certify to the NSMHA and the DBHR that local non-federal funds are available at the beginning of the award year and will be sufficient to meet federal requirements. All funds received for PATH will be provided to Compass Health and WCPC along with the required match.

Therefore, NSMHA certifies that all local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

We look forward to our continued work with you on this contract.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Rojas". The signature is fluid and cursive, with the first name "Margaret" being more prominent than the last name "Rojas".

Margaret Rojas
Contracts Coordinator

CC: Tom Sebastian, CEO, Compass Health
Dean Wight, CEO, Whatcom Counseling and Psychiatric Clinic
Chuck Benjamin, Executive Director, NSMHA
File

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Compass Health is a non-profit organization dedicated to providing a full continuum of outpatient and inpatient behavioral health care for individuals of all ages and families in Snohomish, Skagit, Island, and San Juan Counties. Compass Health traces its roots back more than 100 years, beginning as an orphanage in 1901. Today, it is one of the largest behavioral health care organizations in Washington. Compass Health is dedicated to helping those in our community who are most vulnerable attain or retain optimal mental health.

Compass Health services include residential treatment, inpatient evaluation and treatment services, crisis respite, crisis services, adult and children's intensive outpatient services, Children's Hospital Alternative Program (CHAP) foster care support services, PACT (a nationwide research based multidisciplinary program providing outreach to high need mental health consumers), adult and children's outpatient services, vocational services, chemical dependency services, drop in peer center services, and protective payee services. Compass Health has also provided PATH services since 1988.

Compass Health served over 11,600 clients in fiscal year 2009-2010 and provided over 146,000 hours of service in short- and long-term behavioral health, crisis care, and preventative mental health care. Clients served included children, youth, adults, and older adults. 402 individuals received PATH services in fiscal year 2009-2010. 135 were PATH enrolled.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Funding:	\$138,570
Palm Contract:	\$ 11,528
Palm Equipment:	<u>\$ 250</u>
Total PATH Funds:	\$150,348

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a.1 The projected number of adults clients to be contacted using PATH funds.

Approximately 600 clients will receive PATH-supported services.

- a.2 Projected number of adult clients to be enrolled using PATH funds.

Of the 600 projected to receive PATH-supported services, approximately 240 are predicted to need mental health services and be PATH enrolled. These

numbers are higher than our last year's expectation due to the fact that we will be adding an additional 1.0 FTE clinician this year.

a.3 Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Of the PATH clients served within the past year 65% were literally homeless (living outdoors or in short term shelters) and 29% were at risk of homelessness (e.g. living in someone's home, living in long term shelters, living in hotels). We predict that of the individuals we serve over the course of the next contract period that approximately 70% will be literally homeless and 30% will be at risk of homelessness. We predict that we will see an increase in literally homeless during the next contract period due to diminishing resources for homeless persons due to state budget cuts.

PATH services to literally homeless increased by 2% this year. PATH staff speculates that this increase is due to the impact of the economy and funding cuts on persons within the community. Viable housing options are also scarce, thereby contributing to the number of literally homeless. Cuts to financial entitlement programs have also resulted in homeless persons having less financial resources to meet housing and basic survival needs.

a.4 Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Compass Health PATH staff currently focus most of their efforts toward identifying literally homeless persons in the community. They have developed excellent working relationships with local shelter staff and homeless meal program providers and perform outreach to these facilities and programs several times per week. One staff also has developed excellent working relationships with providers of service to homeless persons in the rural Sky Valley area of Snohomish County and performs weekly outreach there to identify individuals in need of services. During the next contract period, program staff will perform additional outreach to hospitals and emergency rooms to advise them of the availability of services as additional homeless persons are expected to wind up in these facilities in part due to economic issues. Compass Health has also recently opened a Triage Center which offers detox, assessment, crisis respite, and referral to needed services. Local police are able to take individuals to this facility that come to their attention, who are creating community disturbances, and who may have mental health or substance abuse issues. A number of these individuals are expected to be literally homeless. PATH staff are located at the same site as the facility and will be able to offer services to these individuals. Compass Health has a drop in Peer Support center frequented by multiple homeless

individuals. PATH staff maintain good working relationships with staff at the Center and frequent the Center to identify individuals in need.

a.5 Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Compass Health will prioritize PATH funds for street outreach and case management services during fiscal year 2011. Currently Compass provides substantial street outreach as street outreach is viewed as a primary means to identify literally homeless individuals. Being seen regularly in the community in areas frequented by homeless persons also increases the likelihood of being seen as a trusting resource within the community, thereby increasing the chance of linkage of homeless persons to needed services. The additional 1.0 FTE staff will provide increased opportunities for expanded outreach.

Case management is also seen as a primary means of getting individuals connected with needed resources within the community. Adding the additional 1.0 FTE staff will also increase Compass Health's capacity to perform case management. Staff will work to engage clients in their own recovery and will assist them in identifying their strengths/assets that will contribute to their ability to obtain and maintain needed supports and resources. This approach will increase the likelihood that individuals will be able to sustain their gains.

Compass Health will provide the following services in FY 2011 (1) Outreach; 2) Case Management Services; (3) Screening and Diagnostic Treatment Services; (4) Habilitation and Rehabilitation Services; (5) Community Mental Health Services; (6) Supportive and Supervisory Services in Residential Settings; and, (7) Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services. As stated above, priority will be given to the provisions of street outreach and case management.

Outreach Services

The Compass Health PATH program will provide outreach to persons on the street, at missions, at feeding programs, and at various other locations frequented by homeless persons throughout the county. Staff keep current with homeless resources so as to be able to identify persons in need and in order to provide the best linkage to needed goods and services. Providing services within the community provides clinicians the opportunity to better understand the particular circumstances impacting each consumer. Compass Health has employed clinicians who have strong outreach and engagement capabilities.

PATH clinicians have developed excellent working relationships with multiple homeless service providers throughout Snohomish County including shelters, meal program providers, churches, VOA, the Veteran Assistance Center,

DSHS, educational and vocational resource, Bridgeways Shelter Plus Care and Community Housing Stability Support programs, the WRAPS program, and multiple housing providers. PATH clinicians regularly visit these facilities in order to connect with homeless individuals, in order to keep organizations apprised of PATH services, and in order to refer clients in need. PATH staff will continue to maintain these collaborative working relationships and will keep informed of new resources available to homeless persons.

PATH staff regularly perform outreach to shelters and missions in order to locate persons in need of services. They also receive multiple referrals from the shelters. They also respond to calls from shelters regarding problematic individuals, or individuals in crisis, in order to resolve the concerns or crises.

Compass PATH staff also participated in the Project Homeless Connect event in Everett last year. This project was a collaborative community project aimed at providing homeless persons with immediate access to needed services. PATH staff are planning to participate in the 2011 Project Homeless Connect event and will be involved in planning meetings for the event.

PATH staff also participate each year in the annual Point in Time Count.

Case Management Services

PATH staff provide extensive case management for PATH clients. They provide assistance in obtaining needed supports and services, including shelter and housing, financial entitlements, food, clothing, protective payee services, Veteran's services, vocational and educational services, transportation, medical care, chemical dependency services, and other individually needed services. PATH staff also assist individuals in identifying avenues for socialization, and in identifying and linking with natural supports.

PATH staff maintain and update extensive resource lists for PATH clients, as well as, other homeless persons. These lists are given to homeless persons in the community, PATH clients, and providers of homeless services as needed.

DSHS, the Social Security Administration, and the Veteran's Administration provide needed funding and medical assistance to PATH clients. PATH staff have developed effective working relationships with these organizations. PATH staff assist clients to understand their options and advocate for them to receive needed entitlements. They assist with applications and participate in problem solving regarding funding related issues. PATH staff will keep informed regarding changes in the financial entitlement system and will work with PATH clients to understand the changes.

PATH staff provide considerable case management regarding housing and shelter. They assist individuals on the streets to gain access to shelters and

assist those in shelters in identifying viable next steps to increase the likelihood of obtaining more permanent housing. PATH staff have developed excellent working relationships with local shelters and housing providers throughout the county including the Union Gospel Mission – Men's and Women's Shelters, the Battered Women's Shelter, Pathways for Women, the Monroe Gospel Women's Mission, and the Volunteers of America, the YWCA, Catholic Community Services, Bridgeways, local housing authorities, Compass Health Housing program staff, and other low income housing providers. PATH staff have developed effective working relationships with multiple landlords and keep their housing resource lists current.

PATH staff maintain current lists of feeding programs within Snohomish County so as to keep their clientele informed and so as to identify individuals in need. They often perform outreach at meal programs so as to increase awareness of PATH services and to increase their connections to the homeless service providers community.

PATH staff work collaboratively with jails, courts, community corrections officers, and police in order to assist individuals to resolve their legal issues. In situations where decompensation has contributed to arrest, staff work to assist these individuals to obtain psychiatric evaluations and medications.

Homeless persons often have unmet healthcare needs due to their status and lack of funding. PATH staff maintains effective working relationships with hospital emergency rooms, Molina Healthcare clinic staff at the Bailey site, and Community Health Clinics to assist their clients in addressing their health issues. As stated previously, PATH staff work with clients to obtain funding that will allow them access to needed healthcare. Cuts to entitlements have already had an impact on access to healthcare services and staff will need to closely track these changes so as to be able to determine how best to assist their clients.

PATH staff have developed good working relationships with County Designated Mental Health Professionals, Psychiatric Hospitals, the Compass Evaluation and Treatment Center, and Compass Crisis Respite to assist their clients experiencing psychiatric emergencies. They also work effectively with Compass Health, Bridgeways, and other local mental health treatment providers to assist clients in transitioning into ongoing mental health treatment. PATH staff also maintain a list (though not large) of providers who serve non-Medicaid eligible individuals.

The Compass Bailey Peer Center is an excellent source of support for homeless persons. PATH staff regularly refer their clients there. They have also met their clients at the Peer Center to introduce them to the Center. PATH staff have excellent working relationships with Peer Center staff and thus are kept informed of schedules, activities, and recovery oriented groups.

Many individuals eventually want to work or go to school. PATH staff assist clients to identify and develop their strengths and resources that make work or school possible. PATH staff maintain good working relationships with DVR, Work Source, and the Everett and Edmonds Community Colleges to assist clients in meeting their work and school goals.

Many homeless persons have co-occurring mental health and chemical dependency disorders, though many lack insight into their challenges in these areas. PATH staff use a supportive educational approach to increase the likelihood that the individual will want to talk about and address these issues. They try to assist consumers in striving toward life goals and seeing how substance use may impact their progress toward these goals. They make referrals to community supports such as AA and NA. They also collaborate with Evergreen Manor and Catholic Community Services to determine options available to PATH clients. Catholic Community Services has a staff stationed at the Compass Bailey site to provide chemical dependency services, providing an additional referral option.

As stated previously, almost half of enrolled PATH clients have co-occurring mental health and chemical dependency disorders.

PATH staff connect homeless persons with resources to get cell phones, and with the community voicemail program so they will have a place to receive important messages.

PATH staff also work with the YMCA to assist homeless persons with obtaining low cost gym memberships.

Screening and Diagnostic Treatment Services

PATH clinicians screen homeless persons and those at risk of homelessness for eligibility and collect demographic information. If determined eligible, they conduct a formal needs assessment that identifies the presenting problem as defined by the client, the current status and level of functioning of the individual, the individual's mental health concerns and history including current and past symptomology, the individual's substance abuse problems and chemical dependency treatment needs, and an identification of cultural factors that bear meaning for the individual. The assessment also identifies legal issues, medical concerns, and life survival needs. A key part of the assessment is to assist the client in identifying strengths and natural supports. Individuals who may potentially benefit from psychiatric medications, or who need clarification regarding diagnoses, are referred for a psychiatric evaluation from a Compass psychiatrist or Advanced Registered Nurse Practitioner (ARNP). When PATH staff perform assessments, they gather information in the manner most comfortable to the individual. In some circumstances, they may simply allow a story to emerge.

PATH clinicians develop an individualized PATH Service Plan based on the Needs Assessment for enrolled PATH clients. The Plan addresses multiple life domains including the client's mental health treatment needs, the client's financial benefit needs, housing, chemical dependency concerns, basic living needs, crisis needs, vocational and educational needs, natural support needs, and other individually specific needs. The emphasis during needs assessment and treatment planning is to determine what the client wants and needs vs. what the clinician envisions for the client.

Habilitation and Rehabilitation Services

PATH clinicians assist individuals to obtain the skills and services necessary to reach their service plan goals. A significant part of the work is to restore a sense of hope that life can be better and that more is possible than is initially imagined. PATH clinicians assist clients in obtaining financial entitlements, food, and shelter. They maintain strong working relationships with local community colleges to assist clients in accessing GED and other classes. They also refer individuals to various sources of work (e.g. DVR, Work Source, shelter day work programs) and assist with applications as needed. They work with individuals to identify personal strengths and resources that will help them achieve their goals and contribute to individual success. PATH staff also collaborate with other community service providers to maximize consumers' potential for success.

PATH staff assist individuals to identify and locate natural supports as natural supports can enhance lives and be a valuable recovery resource. PATH staff also refer individual to the Compass Bailey Peer Center. The Peer Center provides free breakfasts and lunches, activities, Peer run support groups, and a chance to socialize with others in a safe, supportive environment. Peer Counselors in the center are also available to provide individual support and resource information. A series of Peer run health and wellness classes were made available to Peer Center attendees last year, and it is hoped that some of the classes and presentations will again be available this year. Consumer feedback about the classes was very positive.

Community Mental Health Services

PATH clinicians provide supportive individual counseling, mental health education, assistance with ADL's (activities of daily living), crisis services, advocacy and referral. Compass Health psychiatrists and ARNP's provide psychiatric evaluations and medication management when needed for PATH clients. The program provides clients with a full range of mental health services based on individual need. PATH staff also coordinate care with various other community service providers to assure that the client gets the best care possible. Many of the PATH clients have co-occurring chemical dependency disorders, necessitating good coordination of care.

Supportive and Supervisory services in Residential Settings

PATH staff assist PATH enrolled individuals in obtaining the best shelter and/or housing option available to meet their needs. Once housed, they assist individuals in recognizing the steps they can take to increase their chances of success in maintaining housing – and in being able to access better housing. Affordable housing is scarce and PATH staff work to assist individuals in applying for multiple types of housing. Wait lists are often long, and consequently PATH staff have to help clients keep information current so that they will not be dropped off waiting lists. They assist individuals in remaining hopeful about future housing possibilities and in recognizing the steps toward that housing that they are taking. Being able to reside successfully in a shelter can be a first step. Many individuals have problematic histories that impact their ability to obtain housing. PATH staff are challenged with assisting these individuals to see that, even in the face of difficult circumstances, it is possible to take steps that will increase the likelihood of a viable option.

Compass Health also provides a wide range of both permanent and transitional supportive housing for clients. Three units at our newly renovated Northstar Apartments slated to be reopened in late June/early July 2011, will be set aside specifically to house PATH enrolled clients. Other options available include apartments, shared housing, boarding homes, and our two adult residential treatment facilities (ARTF's). PATH staff assist clients with access and application to these resources, and in maintaining the housing if obtained.

Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services.

A Molina Healthcare primary care clinic is co-located at the Compass Bailey site. This co-location has provided increased access to primary healthcare for PATH clients. PATH staff are able to refer clients directly. Clients are also able to walk in to the clinic and request an appointment. Compass Health also has a strong relationship with the Community Health Centers (CHC) that provide primary health services for a number of the clients served in the PATH project. PATH clinicians also regularly refer homeless persons to medical clinics or primary health care providers in various other Snohomish County locations.

Compass staff also collaborate with Genoa, a full-service pharmacy, located at the Bailey site in Everett, to provide clients easy access to a pharmacy to fill their prescriptions.

PATH staff maintain collaborative working relationships with the Everett and Edmonds Community Colleges and their basic education programs as well as with other specialty programs designed to meet individual educational needs. The PATH clinicians also provide support for job readiness and work closely

with DVR to assist PATH clients with mental illness to obtain comprehensive job training services. In addition they work with Work Source and day labor providers to meet vocational needs of PATH clients.

As stated previously, PATH clinicians also assist clients to obtain needed shelter and housing. They have developed positive working relationships with shelters throughout Snohomish County and multiple community housing providers including the VOA, the YWCA (Pathways for Women), Housing HOPE, Catholic Community Services, and various private landlords. They also maintain strong working relationships with local housing authorities and assist individuals to obtain housing and Shelter Plus Care vouchers. They work with the Bridgeways Community Housing Stability Support program and are able to refer individuals to Bridgeways Shelter Plus Care program along with the Compass Health Shelter Plus Care program.

Compass Health also provides permanent housing for individuals with mental illness. Compass Health owns and/or manages approximately 170 housing units which provide housing to 270 individuals throughout Snohomish, Skagit, and Island Counties. In 2010, Compass Health hired Coast Real Estate a Property Management Company to manage its housing properties. Part of what this agency provides is assistance in developing a strategic plan to better use the resources we have and to expand our housing options. Our hope over the next two years is to sell some of the smaller shared housing units and purchase larger apartment buildings. We hope to expand our housing resources by 10% to address the growing need. PATH staff assist individuals with applications to these units and maintain positive working relationships with Compass Housing program staff to facilitate the eventual acquisition of permanent housing for PATH clients..

The largest housing facility that Compass Health has is the Northstar Apartments which has 40 units housing 42 individuals. Last year there was a significant fire at the apartments, so Compass is in the process of renovating the building. The work should be completed by June 2011. The Compass Housing department currently provides set aside units at Northstar Apartments for the PACT and IOP teams and will expand the set asides to include three (3) units for PATH as mentioned previously.

a.6 Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Compass Health is not reporting data through both PATH and HMIS data standards methods. Currently, Compass Health only reports data through HUD housing program and HMIS data standards. We are aware that a study is being conducted by State PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our

agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Compass Health supports the development and implementation of evidence based practices and is looking to provide increased evidence based training to staff. In March of 2011, Compass Health hosted training on Motivational Interviewing. PATH clinicians attended the training and expressed that the training was excellent and very applicable to the work that they do.

Compass Health provides multiple trainings throughout the year covering a broad range of topics. They also provide staff with links to other training opportunities throughout the state. PATH staff work with their supervisor to develop annual training plans to enhance their abilities.

a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Compass Health does not currently support training for implementation of HMIS training and activities to migrate PATH data into HMIS. At this point in time, we only support the HMIS training and activities of our housing staff to migrate data on individuals receiving housing services into HMIS. Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Compass Health has participated actively in the HUD Continuum of Care program in Snohomish County. Compass Health staff are serving on the Snohomish County Homeless Policy Task Force, the Coordinating Committee, and associated workgroups. Compass has also been involved in assessment activities and Continuum of Care Planning creation with other housing providers in the community.

PATH staff participated in the 2010 Project Homeless Connect Event in Everett and are planning to participate in the 2011 event. PATH staff are also participating on the planning committee for this event as has been stated previously. Staff also participated in the 2011 Point-in-Time count.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target

population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: “SAMHSA Guidelines for Cultural Competence.”)

a) Demographics of the client populations (during 2009-2010)

36% of enrolled PATH clients were ages 18-34, 39% were ages 35-49, and 23% were ages 50 – 64

45% of PATH enrolled clients were male and 54% were female

.02% of PATH enrolled clients were American Indian or Alaska Native, .007% were Asian, 14.8% were Black or African American, 8.14% were Hispanic or Latino, .007% were Native Hawaiian, or Pacific Islander, 68.8% were White, and 3.7% were of unknown origin.

b) Demographics of the staff serving the clients

Both staff providing services within the program are female, Caucasian, and between the ages of 25 and 55.

c) Sensitivity to the age, gender, racial/ethnic differences of clients

PATH staff work with clients individually to determine their cultural backgrounds and connections. As has been stated previously, staff let individuals “tell their stories”. In using this approach, staff gain information about their clients’ cultural connections. PATH staff have multiple years experience working with diverse individuals from diverse backgrounds, but recognize that the cultural connections are individually determined and driven. Staff work with clients to determine individually what they want in their lives and how this relates to their heritage and other cultural connections. PATH staff often assist their clients to locate and connect with natural supports. Staff ask clients about their histories and experience and don’t presume to know. They operate from a respectful learning point of view. PATH staff recognize that age, gender, sexual preference, ethnicity, are all parts of the client view and orientation but not the whole.

PATH staff are able to access interpreters and Special Population consultations from ethnic minority specialists as needed. Also, PATH’s newest clinician worked previously on the Compass Multicultural Team. Her multicultural expertise is an asset to the PATH program.

d) Cultural Competency Training

All Compass Health staff attend required trainings on diversity with a focus on providing a work place and treatment conditions that are inclusive and

sensitive to people of different ages, races, and backgrounds. All new Compass hires receive initial training regarding cultural diversity within the first 90 days of employment.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

Both the Snohomish County Mental Health Advisory Board and the NSMHA Advisory Council are comprised of consumers, advocates, and family members of mental health consumers. These boards keep informed of PATH activities and NSMHA provides annual program audits.

Compass Health has also developed the Consumer Roundtable which is held quarterly. This forum is available to consumers and advocates. This group is an open forum where consumers can, for instance, analyze information, receive education regarding legislative action and give input regarding programs. This information is then taken to the Compass Health's Leadership Team for review and consideration in program planning.

The Compass Bailey Peer Recovery Center attended by multiple homeless persons (including individuals enrolled in the PATH Program) has an advisory board for the Center which consists of multiple mental health consumers, some of whom have been homeless. This board participates in decision making regarding the Bailey Peer Center operations, programming, and procedures. Compass Health staff will seek out a PATH enrolled client as a member of this board over the coming year (a goal from last year that has not yet been accomplished).

Compass Health also employs Peer Counselors in multiple programs including the Bailey Peer Center, the PACT Program, the new Compass Triange Center, and the Compass Health and Wellness Program. Some of the individuals that hold these positions have experienced the challenges of life on the streets and bring valuable insights to their jobs. While PATH clients have not yet been employed as Peer Counselors for Compass, PATH staff will assure that state training information regarding Peer Counselor Certification and Compass postions using Peer Counselors are made available to them.

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SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$89,273.00	\$22,317.00			\$111,590.00
b. Fringe Benefits	\$25,889.00	\$6,472.00			\$32,361.00
c. Travel	\$740.00	\$760.00			\$1,500.00
d. Equipment	\$370.00	\$0.00			\$370.00
e. Supplies	\$400.00	\$600.00			\$1,000.00
f. Contractual	\$10,866.00	\$0.00			\$10,866.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$16,809.00	\$3,211.00			\$20,020.00
i. Total Direct Charges (sum of 6a - 6h)	\$144,347.00	\$33,360.00			\$177,707.00
j. Indirect Charges	\$5,339.00	\$30,335.00			\$35,674.00
k. TOTAL (sum of 6i and 6j)	\$149,686.00	\$63,695.00			\$213,381.00
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-29)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

COMPASS HEALTH 2011 PATH GRANT BUDGET NARRATIVE

PERSONNEL

Three Clinicians providing a combined total of 108 hours per week to provide program services.

Manager at 10 hours per week. This position provides clinical supervision for the Clinician positions as well as services to homeless clients in the community as time allows.

Director at 1 hour per week. Provides oversight of the program.

Secretary at 3.6 hours per week. This position provides office support for the program.

Personnel	PATH Funds	Non-Federal Matching Funds	Total
Clinician I (1.0 FTE @ \$2,532.42 per mo.)	24,311	6,078	30,389
Clinician II (1.7 FTE @ \$3,196.67 per mo.)	52,170	13,042	65,212
Manager (0.25 FTE @ \$3,872.33 per mo.)	9,294	2,323	11,617
Director (0.025 FTE @ \$6,056.67 per mo.)	1,454	363	1,817
Secretary (.09 FTE @ \$2,365.74 per mo.)	<u>2,044</u>	<u>511</u>	<u>2,555</u>
Total Personnel	89,273	22,317	111,590

FRINGE BENEFITS

Fringe benefits include payroll taxes (FICA, Industrial Insurance, and State Unemployment) and employee benefits (Medical, Dental, Vision, Pension/Retirement, Life Insurance and Long Term Disability Coverage benefits).

Fringe Benefits	PATH Funds	Non-Federal Matching Funds	Total
Payroll Taxes (8.8% of Personnel Expenses)	7,856	1,964	9,820
Medical, Dental & Vision (\$648.28 per FTE per mo.)	10,891	2,723	13,614
Life & Long Term Disability (1% of Personnel Expenses)	893	223	1,116
Retirement (7% of Personnel Expenses)	<u>6,249</u>	<u>1,562</u>	<u>7,811</u>
Total Fringe Benefits	25,889	6,472	32,361

TRAVEL

Travel expense consists of local mileage reimbursement to employees at the current IRS mileage rate. This includes mileage to state sponsored meetings and training events.

Travel	PATH Funds	Non-Federal Matching Funds	Total
Local Employee Mileage (1,176 miles @ \$0.51 per mile)	600	0	600
Travel for Staff Training (\$450 each for 2 staff)	<u>140</u>	<u>760</u>	<u>900</u>
Total Travel	740	760	1,500

EQUIPMENT

Equipment expense includes equipment leases and equipment repair and maintenance expenses, as well as replacement of Palm Pilot equipment.

Equipment	PATH Funds	Non-Federal Matching Funds	Total
Equipment Rental (\$3.33 per mo.)	70	0	70
Palm Pilot replacement (2 units @ \$125 per unit)	250	0	250
Repair & Maintenance - Equipment (\$2.38 per mo.)	<u>50</u>	<u>0</u>	<u>50</u>
Total Equipment	370	0	370

SUPPLIES

Purchase of general office supplies such as pens, paper, files, etc.

Supplies	PATH Funds	Non-Federal Matching Funds	Total
Office Supplies (\$47.62 per mo.)	<u>400</u>	<u>600</u>	<u>1,000</u>
Total Supplies	400	600	1,000

CONTRACTUAL

Amount to be contracted to Northwest Resource Associates by the State to manage Palm Pilot data collection and analysis.

Contractual	PATH Funds	Non-Federal Matching Funds	Total
Northwest Resource Associates (Palm Pilot data collection)	<u>11,528</u>	<u>0</u>	<u>11,528</u>
Total Contractual	11,528	0	11,528

CONSTRUCTION

There is no construction expense.

OTHER

Other expenses include expenditures for professional liability insurance, staff training, telephone and cell phones, and occupancy expenses. Occupancy expenses include building depreciation, mortgage interest expense, utilities, security, property insurance, property repairs and maintenance, and janitorial services.

Other	PATH Funds	Non-Federal Matching Funds	Total
Professional Insurance (\$117.62 per mo.)	2,470	0	2,470
Staff Training (\$333.33 each for 3 staff)	1,000	0	1,000
Utilities - Water/Sewer/Garbage (\$52.97 per mo.)	1,112	0	1,112
Utilities - Electric (\$53.50 per mo.)	1,123	0	1,123
Utilities - Heating (\$28.30 per mo.)	594	0	594
Security Services (\$119.05 per mo.)	2,500	0	2,500
Property Insurance (\$40 per mo.)	840	0	840
Repair & Maintenance - Building (\$30.48 per mo.)	640	0	640
Janitorial & Grounds Maintenance (\$6.19 per mo.)	130	0	130
Telephone (\$27.93 per mo.)	586	0	586
Cell Phones/Pagers (\$26.83 per mo.)	564	0	564
Client Housing Assistance (40 clients @ \$125 per client)	5,000	0	5,000
Staff Recruitment (2 open positions @ \$125/open position)	250	0	250
Building Depreciation (\$105.95 per mo.)	0	2,225	2,225

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Mortgage Interest Expense (\$46.90 per mo.)	<u>0</u>	<u>985</u>	<u>985</u>
Total Other	16,809	3,211	20,020

INDIRECT CHARGES

Indirect charges consist of the allocable share of the cost of providing the overall management and administration function of Compass Health which include Executive Administration, Accounting, Payroll, Accounts Receivable, Medical Records, Information Services, Human Resources, Purchasing, Facilities, Quality, and Development. Federal requirements permit no more than 4 percent of the award amount to cover indirect costs.

	PATH Funds	Non-Federal Matching Funds	Total
Indirect Charges			
Administrative Overhead	<u>5,339</u>	<u>30,335</u>	<u>35,674</u>
Total Indirect Charges	5,339	30,335	35,674

Total Expenses	150,348	63,695	214,043
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Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The organization to receive PATH funding is Whatcom Counseling and Psychiatric Clinic (WCPC), located in Bellingham, WA, Whatcom County. WCPC is a non-profit 501 (c) 3 organization, licensed by the State of Washington as a community mental health facility. The agency contracts through NSMHA, along with numerous other public and private partners, customers, and clients.

WCPC offers comprehensive and personalized mental health and psychiatric outpatient services to include street outreach and engagement to homeless individuals with co-occurring diagnoses through PATH, two geriatric contracts serving the elderly, a county contract paying for mental health services for those without insurance, a recovery center (Rainbow), supportive employment services, case management, therapy, psychiatric medication management, a jail contract, and a 24 hour emergency services with designated mental health providers (DMHPs).

WCPC services Whatcom County, located at the Northeast corner of Washington State bordering Canada, and over 1 hour north of Seattle on the I-5 Corridor. Whatcom County encompasses 2,000 square miles, and the estimated number of people living per square mile is 92.06. The estimated population of Whatcom County as of 2010, is approximately 195, 5000. The county seat resides in Bellingham, with a population of over 100,000.

2. Indicate the amount of federal PATH funds the organization will receive.

Whatcom Counseling and Psychiatric Clinic will receive \$49, 213.00 from the federal PATH Grant. Please refer to the SF-424 Budget Information and narrative for our plan.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1 the projected number of adults clients to be contacted using PATH funds.

WCPC's PATH clinician projects that she will make face-to-face contact with up to 300 homeless individuals in Whatcom County for the contract year. This number does not take into account phone contacts or on-going case management appointments to assist clients access to services.

a.2 projected number of adult clients to be enrolled using PATH funds.

Of those 300 individuals contacted through PATH services, it is estimated that approximately 84-108 homeless contacts will be enrolled in PATH services for the coming grant year.

a.3 percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

It is also projected that at least 80 percent of the homeless individuals served by the WCPC Path program will meet the definition of "Literally" homeless. These projections are based on the experience of WCPC in providing outreach and engagement services on the streets and shelters of Bellingham and Whatcom County for many years.

a.4 activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Our PATH clinician spends approximately 80 percent of her time in the community outreaching and engaging the homeless through agencies like the Light House Mission Drop-in Center, Bay Street Office, the Rainbow Center, Crises services, and outreach to homeless camps in coordination with Hope House Staff.

a.5 strategies that will be used to target PATH funds for street outreach and case management as priority services.

The main strategy of insuring services as a priority is engagement of homeless clients on the street. As such, a majority of the PATH clinician's time will be spent either on the street or in non-traditional settings to identify and engage homeless clients. The main priority of case management services is to assist homeless clients in meeting basic needs through applying for benefits and accessing appropriate services. These prior strategies are outlined in the PATH clinician job description and monitored bi-weekly in supervision.

a.6 activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

WCPC is not yet reporting data through both PATH and HMIS data standards methods. However, we also manage Shelter Plus Care-funded units on behalf of tenants who are also our clients, and report data on those units and tenants using HMIS data standards, to the Whatcom Homeless Service Center (WHSC). WHSC coordinates efforts to end homelessness in Whatcom County, and heads the Coalition to End Homelessness, of which we are a member. We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards.

Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.”

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

WCPC provides and supports the evidence-based practices of Permanent Supported Housing and Housing First. In addition, we follow the promising practice of Collaborative Documentation in our clinic activities, which supports the Recovery approach to serving people experiencing a mental illness. Collaborative or concurrent documentation nationwide has proven to increase client engagement and involvement in services while enhancing person centered and person driven services.

a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS

WCPC will support the PATH clinician to attend trainings for implementation of HMIS training and activities to migrate PATH data into HMIS data reporting. Our agency anticipates support From Washington State to conduct training activities to migrate PATH data into HMIS. We will cooperate with those efforts. The PATH clinician is in process of contacting the Homeless Service Center in Bellingham, to schedule trainings to become more knowledgeable and proficient of HMIS reporting standards to assist in the migration of entering PATH data into HMIS.

b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

WCPC anticipates providing the following services with PATH funds:

- Outreach and engagement services
- Screening and diagnostic treatment services
- Case management services
- Mental health services
- Substance abuse services
- Referrals for primary health services
- Housing services: specifically improving the coordination of housing services, and costs associated with matching eligible homeless individuals with appropriate housing situations.

Outreach and Engagement Services

Through outreach, the PATH clinician will identify, assess, and enroll eligible homeless individuals with mental health and/or co-occurring disorders. Contact with homeless people is accomplished by the PATH clinician conducting outreach services in the streets, homeless camps, shelters, Crisis Respite; the

Rainbow Center, Triage Center, and other agencies serving the homeless.

Screening and Diagnostic Treatment Services

The PATH clinician during enrollment of homeless individuals conducts a brief face-to-face screening to assess the presence, severity, and acuity of mental health issues or other disorders. The primary goal is to optimize client functioning by rapidly mobilizing community resources while coordinating service delivery until enrollment in mental health or other services.

Case Management Services

The primary goal of case management is to optimize individual functioning by providing quality services; and assisting enrolled clients to gain necessary entitlements, i.e., disability benefits, and services such as medical, shelter, food and personal care needs.

Mental Health Services

Mental health services focuses on first helping homeless clients apply for and obtain Disability Life line, or GAX to become eligible for mental health services. If the individual receives Disability Life-Line, program staff will facilitate rapid entry through Sea-Mar or Interfaith for services. If the individual obtains Medicaid benefits, program staff will facilitate rapid entry into necessary ongoing services.

Substance Abuse Services

The Whatcom County Homeless Count (2010), identified that alcohol or drug use was a contributing factor in 33% of homelessness. In the process of screening and enrolling homeless consumers in service; the PATH outreach clinician will screen for presence of co-occurring substance use disorders. Implementation of services will incorporate short-term interventions to consumers who need substance abuse treatment and referral to providers with formal treatment services.

Referrals for Primary Health Services

The homeless are more at risk of medical problems due to lack of primary care, and they face additional barriers in assessing health care. Continued funding will enable the PATH clinician to assist the homeless obtain necessary entitlements and access appropriate medical care through referrals to Community Health Clinics. In Whatcom County, Interfaith and Sea-Mar are the primary access points for homeless individuals requiring primary health care.

Housing Services

Adequate housing is a basic survival need of most homeless individuals enrolled in the program. Short-term assistance is provided by handing out a small quantity of tents and sleeping bags to those who need shelter right away. The PATH clinician also works to assist enrolled PATH consumers find housing through the use of motel voucher programs, emergency shelters, transitional housing, and permanent housing through enrollment at the Homeless Service Center in Bellingham.

- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

One of the goals of the PATH program is to work cooperatively with community agencies and providers to develop a network capable of responding to the needs of homeless individuals in Whatcom County. The Path clinician interacts and coordinates with a wide variety of primary health, mental health, substance abuse, and housing services including:

- St Joseph's Hospital: The hospital will not only be used as a primary referral source for PATH eligible clients, but will also be utilized for emergent and inpatient primary health, mental health, and substance abuse services.
- Community Health Centers: Sea-Mar and Interfaith CHC's are considered to be the two major referral sources for out-patient primary health and mental health services for homeless individuals receiving Disability Life Line, and/or Medicaid insurance.
- Emergency Mental Health Services: WCPC received funding from NSMHA to operate a Mobile outreach team dispatched by VOA for pre-crisis services. WCPC is now in the process of hiring and training staff for this team. In addition, WCPC also provides 24-hour emergency services via Designated Mental Health Providers (DMHP) sent out by VOA. Via both programs, the Path clinician has access to both pre and post crisis response teams for emergent services if needed for homeless individuals. The Behavioral Health Triage Center provides short-term assistance to persons in a mental health or substance use crisis.

- Substance Abuse Treatment Services

The program clinician coordinates services on behalf of PATH clients with a continuum of substance abuse service agencies in Whatcom County. Inpatient services are coordinated with the ADATSA assessment provider at West Coast Counseling. Outpatient substance abuse treatment services are provided primarily through Sea-Mar, West Coast Counseling, and Catholic community services. Emergent services are available to the PATH Clinician in Coordination with emergency services via St. Joseph's Emergency Department and Pioneer Human Service's Social Detox Center.

d. gaps in current service systems;

A large gap in the services available to homeless people continues to be access to on-going mental health and health care without Medicaid insurance. There are also inadequate affordable housing options for the homeless in our community, or the availability of emergency or transitional housing for women, with less for males. There are other gaps in addition to the housing needs.

Our PATH clinician provides a wide range of services for the homeless by helping them to identify and eliminate barriers for services such as a lack of identification. Identification is critical to access housing, healthcare, or other state benefits. Other primary needs or barriers maybe legal problems/issues and/or little or no income, and undiagnosed mental health problems.

The PATH program clinician is working with community organizations such as faith based organizations, churches, D.S.H.S., The department of motor vehicles, Social Security, and Law advocates to address these issues. Linda Read (PATH clinician), regularly attends the Whatcom County Coalition for the Homeless (WCCH) meeting bi-monthly to discuss the needs of the homeless in Whatcom County.

e. services available for clients who have both a serious mental illness and substance use disorder;

As previously mentioned, resources are limited in Whatcom County for those who do not have Medicaid insurance for services. One option open to the PATH clinician is referring enrolled clients to the Whatcom Alliance for Health Care Access (WAHA). WAHA connects people in Whatcom County to healthcare services by providing resources to those who need assistance getting

healthcare or obtaining health insurance. In addition to the PATH program and WAHA, WCPC has received funding from Whatcom County and the North Sound Mental Health Association for programs that will indirectly benefit PATH clients.

WCPC received funding from Whatcom County to offer mental health services to those without insurance through the Behavioral Health Access Program (BHAP). Our PATH program clinician can and has submitted referrals to the BHAP program for enrolled PATH clients to obtain and receive mental health services.

Beginning 2011, NSMHA routed funding through WCPC to implement a Mobil Outreach Team (MOT) consisting of a mental health provider and peer advocate. This team will operate out of the Light House Mission, and will coordinate services with the PATH program to provide pre-crisis services to the homeless. The goal of the MOT is offering mental health services and referrals to agencies to avert involuntary psychiatric hospitalizations.

In order to assist PATH clients in receiving substance use treatment, referrals are sent to Sea-Mar, and West Coast Counseling. Our Crisis Respite Program regularly provides crisis stabilization to clients with co-occurring disorders. Additionally, WCPC's Crisis Service team interacts with clients who are using drugs and requires referrals to chemical dependency providers.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Initially, the PATH clinician help's individuals to "end homelessness" via assessing emergency shelters, transitional housing, and other specialty services for people that are homeless. Help with placement for emergency shelter and motel vouchers will be accessed through the Opportunity counsel, Salvation Army, Whatcom County churches when available, and referrals to the Light House Mission.

For women and children, there are multiple emergency and transitional housing programs such as Dorothy Place, Lydia Place, Woman Care Shelter, Agape House (Light house Mission) and the YWCA. For men, the PATH clinician can send referrals to the Light House Mission, which offers 82 beds for short-term shelter. Within the Mission is the Special needs program, containing eight (8) long-term beds for those requiring transition into mental health

services and eventual housing placement. This program offers a clean and safe place to sleep, hygiene facilities, and meals through the main mission.

Whatcom County through the Continuum of Care, has adopted a “Housing first model” to find permanent housing for all homeless people through The Whatcom Homeless Service Center (WHSC). This housing first project is designed to help homeless client’s find housing and then address issues that contributed to their homelessness. Once a Path referral is accepted into the program, WHSC offers both rent assistance and case management support to insure success of maintaining the housing placement.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

WCPC’s PATH Clinician, Linda Read, regularly attends the Whatcom County Coalition for the Homeless (WCCH) meeting bi-monthly. The WCCH is a consortium of community agencies in Whatcom County collaborating towards a system of housing and services to end homelessness by placing individuals and families in permanent housing. Dean Wight, Executive Director of WCPC, is a member of the Homeless Coalition Steering Committee working to end homelessness through development of policy and decision making. WCPC historically has played a significant role in this continuum, through our participation and existing outreach and engagement efforts to the homeless through PATH services.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: “SAMHSA Guidelines for Cultural Competence.”)

- a. As of the last Whatcom County Homeless Count (April 2010), the number of homeless persons increased slightly, from 1328 to 1,334. Throughout the year, hundreds more face the prospect of losing their homes due to precarious conditions. Particular to Whatcom County, percentages from the homeless count indicate that the top reasons for homeless include: a) alcoholism (33%), b) Loss of employment (31%), c) Unable to pay rent or mortgage (29%), d) family break ups (25%), and e) mental illness (21%). From the homeless count, there were more homeless individuals in the 23-34 and 35-54 age ranges. Just under half (45%) of the homeless persons counted were female. Ages of the homeless ranged from less than one year old to 83 years old. The median age of all homeless persons was 20 years.

The homeless count does not specify ethnicity but homeless people in Whatcom County represent a cross-section of ethnicities very similar to the population nationwide. From the last PATH service year (2010) in Whatcom County, services to Caucasian accounted for 72%, while Native American, African American, Hispanic, Pacific Islander and other accounted for 28% of services to enrolled PATH clients.

Many homeless people in Whatcom County with mental health and/or co-occurring disorders utilize the Rainbow Center downtown Bellingham. The number of homeless people the Rainbow center serves daily increased from last year from 62 to 82 on the average. Approximately 50- 60 percent of those receiving services are homeless.

- b. Linda Read has worked as the PATH clinician since July 2009. She brings over 15 years of case management experience, which includes three years of working with the homeless at Rainbow Center. Besides her expertise of serving the homeless, Linda is very knowledgeable of available services in Whatcom County to help PATH clients make informed decisions about selecting services to meet their complex needs.
 - c. All WCPC employees' as a condition of their employment are required to complete three training modules on Cultural Competency, American Natives, and Sexual Minorities. These competency training modules also focus on People of Color and DD consumers. In addition, all WCPC employees have annual training funds to attend seminars or trainings focusing on delivering cultural competent services.
 - d. The PATH project clinician is a part of WCPC's "Outpatient Services Department." Minority consultants as well as interpreter services are available on case specific requests in providing culturally competent and sensitive services for program consumers.
6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

At the organizational level, the WCPC Rainbow Center Advisory Board consists of at least 50% consumers and advocates. The role of the Advisory Board Committee is to take recommendations from the membership for program change and then make recommendations into program specifics. At the heart of Rainbow Centers vision is a commitment to serve the homeless. Recovery is a primary emphasis, and PATH services are seen as a resource to assist the homeless under the recovery model.

In evaluating of PATH-funded services, the program clinician requests that enrolled PATH participants fill out a satisfaction survey concerning services they have received. Our program carefully reviews all survey responses to identify areas for improving or enhancing services to the homeless.

Washington State 2011 PATH Application
North Sound—Whatcom Counseling and Psychiatric Clinic SF-424 2011

**Washington State PATH Application 2011
North Sound RSN -- Whatcom Counseling**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$28,069.00	\$7,200.00			\$35,269.00	
b. Fringe Benefits	\$12,660.00	\$3,247.00			\$15,907.00	
c. Travel	\$485.00	\$165.00			\$650.00	
d. Equipment	\$250.00	\$0.00			\$250.00	
e. Supplies	\$57.00	\$19.00			\$76.00	
f. Contractual	\$3,669.00	\$0.00			\$3,669.00	
g. Construction	\$0.00	\$0.00			\$0.00	
h. Other	\$1,962.00	\$3,735.00			\$5,697.00	
i. Total Direct Charges (sum of 6a - 6h)	\$47,152.00	\$14,366.00			\$61,518.00	
j. Indirect Charges	\$1,845.00	\$575.00			\$0.00	
k. TOTAL (sum of 6i and 6j)	\$48,997.00	\$14,941.00			\$61,518.00	
7. Program Income						

Washington State 2011 PATH Application
North Sound—Whatcom Counseling and Psychiatric Clinic SF-424 2011

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-29)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

**Whatcom Counseling & Psychiatric Clinic
2011
PATH GRANT BUDGET NARRATIVE**

PERSONNEL

At current funding levels a 0.05 FTE Program Manager at 2 hour per week to supervise and meet with case manager.

At current funding levels a 0.65 FTE Case Manager at 26 hours per week. This is a Clinician I position which performs the engagement, outreach and ongoing mental health treatment for individuals who are eligible for service under this grant. He/she will provide ongoing supportive services such as obtaining entitlements, residential support and all referral services.

FRINGE BENEFITS

Fringe benefits include payroll taxes (FICA, Medicare, Industrial Insurance and State Unemployment) and employee benefits (health insurance, retirement contributions, paid leave and other employee benefits).

TRAVEL

Travel expense consists of reimbursement to employee for mileage driven, at the current IRS rate per mile. This includes mileage to state sponsored meetings and training events.

EQUIPMENT

Equipment expense consists of purchase and replacement of Palm Pilots.

SUPPLIES

Purchase of general offices supplies such as pens paper, files etc. and some client supplies such as food, over the counter medical, etc.

CONTRACTUAL

The amount paid on behalf of Whatcom Counseling & Psychiatric Clinic to Northwest Associates by the State to manage Palm Pilot data collection and analysis.

CONSTRUCTION

There is no construction expense.

OTHER

Includes the following:

• Professional liability insurance	\$1,260
• Professional fees	\$ 133
• Staff training	\$ 200
• Staff recruitment	\$ 0
• Misc Expense	\$ 69
• Facility costs, including utilities, security services, property insurance, repair and maintenance of building and janitorial services	\$3,346
• Communications	\$1,150

Washington State 2011 PATH Application

North Sound—Whatcom Counseling and Psychiatric Clinic Budget Narrative 2011

- Clinical Support, including chart and records maintenance, and Quality Management, including contract administration as appropriate. \$8,263
- Assistance to individuals, including one-time housing rental and planning assistance \$ 300

Match includes additional dollars for these classes of expense

INDIRECT CHARGES

Indirect charges consist of the allocable share of the cost of other departments, which support the operations of the program, including management, accounting and human resources, depreciation, etc that are not to exceed grant limits of 4%.

Match includes additional dollars for indirect costs and additional hours for the PATH clinician.

GRANT VERSUS MATCH

The above expenses will be funded by a combination of grant and match in the proportions indicated on Section B of form SF424. The match funds are provided by unrestricted contributions and other unrestricted sources of revenues.

Washington State 2011 PATH Application
Peninsula RSN Cover Letter 2011



PRSN

PENINSULA REGIONAL SUPPORT NETWORK
Providing Public Mental Health Services in
Clallam, Jefferson, and Kitsap Counties

EXECUTIVE BOARD

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Mike Doherty
Steve Tharinger

Jefferson County

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Phil Johnson
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Kitsap County

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Bill Mosiman
Sally O'Callaghan

ADMINISTRATOR

Anders Edgerton

March 9, 2011

Hank Balderrama
Department of Social and Health Services
Division of Behavioral Health & Recovery
PO Box 45330
Olympia, WA 98504

Dear Mr. Balderrama:

Attached you will find the Peninsula Regional Support Network's (PRSN) application for FY 2011 PATH funding. The PRSN is applying to continue as contractor for the PATH program in this area.

Services are subcontracted to West End Outreach Services, which is a licensed Community Mental Health Agency operated by the Forks Community Hospital. All funds received for PATH will be provided to West End Outreach Services along with the required match. All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

I look forward to the opportunity to continue operation of this important program.

Sincerely,

Anders Edgerton
Regional Administrator

C: Steve Ironhill, West End Outreach Services

Attachments

614 Division Street, MS-23 Port Orchard, WA 98366-4676 (360) 337-4604
FAX (360) 337-5721

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

West End Outreach Services
(Forks Community Hospital)
530 Bogachiel Way
Forks, WA 98331
Telephone: (360) 374-5011
FAX: (360) 374-6006

Contact: Cheri Fleck, Program Coordinator
cherif@forkshospital.org

The Peninsula Regional Support Network is the administrative organization which oversees the provision of publicly funded Community Mental Health Services in Clallam, Jefferson and Kitsap Counties, a mix of urban, rural and frontier areas located on the Olympic Peninsula in Western Washington.

West End Outreach Services, a licensed Community Mental Health Center, is the contracted agency for PATH services; its service area comprises the western portions of Clallam and Jefferson Counties.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Funds:	\$51,082
Evaluation Funds:	\$ 4,250
Palm Equipment:	\$ 250
Match:	\$18,898

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1 The projected number of adults clients to be contacted using PATH funds.

It is projected that there will be 100-150 adult clients that are contacted using PATH funds.

a.2 Projected number of adult clients to be enrolled using PATH funds.

It is projected that there will be 50-75 enrolled adult clients within our PATH program.

a.3 Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Washington State 2011 PATH Application
Peninsula RSN West-End Outreach Service Intended Use Plan 2011

It is estimated that 40% of our individuals will be literally homeless. Due to the fact that Forks has extreme weather conditions (up to 12 feet of rain a year), sleeping out of doors can be daunting and nearly impossible for most homeless individuals.

a.4 Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

We will continue to drive throughout the West End of Clallam and Jefferson Counties searching for the homeless. There are dozens of campgrounds, encampments and areas in which the homeless call home within our region and it is our PATH Case Manager's job to seek out these individuals by looking for them, connecting with agencies affiliated with the homeless, building rapport with the Native American tribes of the region, speaking with shop owners, fishing guides, Department of Natural Resource workers, prison crews working on the remote roads and County workers. We also participate in the Point In Time Homeless Count for the State of Washington annually in January.

Additionally, increased outreach has been needed for the homeless Veteran population. To address this, we work with a local Veteran organization called Voices for Veterans who puts on a Stand Down in May every year in Forks with WEOS' assistance. The Stand Down offers many services:

- Vet Representatives from Seattle available for information about benefits
- Information about the Virtual Clinic in Port Angeles
- A doctor available to assist with basic well check including blood pressure, diabetes testing and flu shots
- A dental hygienist available to make appointments at low-income dental clinic
- Information about the low-cost prescription service
- Information about mental health and substance abuse services
- Representatives from the pro- bono lawyer program
- Haircuts
- Two hot meals
- Senior information
- Veterans Conservation Corp
- WorkSource
- Free clothing, sleeping bags and tents provided

Extensive advertising is done for this program, including a volunteer Veteran who followed the logging roads to find those Vets living in the woods. Staff is currently working on planning the May 5, 2011 Stand Down.

The momentum created by this effort has led to the community effort to open a transitional housing project for homeless veterans. WEOS staff has taken the lead to initiate and coordinate this effort. Over \$750,000 in federal appropriation monies and grants have been garnered for this project. This transitional house, Sarge's Place will open in July, 2011. It will house 12 transitional beds (8 men and 4 women), a Veteran caretaker's apartment and three Veteran family units (2-

bedrooms each) upstairs in an existing two story apartment building in Forks. An existing building has been purchased and is currently being remodeled.

a.5 Strategies that will be used to target PATH funds for street outreach and case management as priority services.

list services to be provided, using PATH funds (see the RFA for PATH eligible services);

- Outreach and engagement services
- Screening and diagnostic treatment services
- Community mental health services including psychiatric evaluation and medication monitoring, and co-occurring substance use disorder treatment
- Case management services
- Supportive services in residential settings
- Relevant referral and linkage services including to primary health services, job training, educational services and housing services
- Housing services include: Planning for housing, improving the coordination of housing services, and security deposits and one-time rental payments to prevent eviction.
- Connecting the clients to income, this can be very time consuming with some clients (GAU, TANF, Social Security Disability, VA Service Related Disability, employment)

These services are integral to the PATH service delivery plan in that they provide for the emergent health and mental health needs of PATH eligible clients and are complimented by the on-going development of a comprehensive array of housing services and supports.

A care coordination/case management approach is the service delivery model that guides the provision of services. Once engaged PATH participants and staff collaborate and prioritize needs; and identify strategies and services necessary to reach individualized goals.

Additional strategies have been developed to effectively provide for the service of outreach and engagement. Because the West End of Clallam and Jefferson Counties is very rural and includes service to three Native American Reservations (Makah, Quileute, and Hoh River), it has been difficult to make sure that we are finding all eligible PATH clients. To address this, we are helping develop coalitions to address the needs of the individual communities and to more effectively outreach to their local populations. During January of this year, WEOS sponsored luncheon meetings in Neah Bay, LaPush and Hoh River to address the need for housing on the three Reservations. Many homeless individuals came and the groups continue to work together to develop solutions. This forum provides an excellent way to educate the communities on the need for housing and services for homeless individuals, as well as a way to outreach to individuals.

a.6 Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

This agency is reporting data through both PATH and HMIS data standards methods. WEOS has been entering PATH data into HMIS for nearly a year now. We have been responsible for entering Washington Families Fund information and wanted to be proactive in entering our PATH data into the database. We are currently also entering our shelter data as well.

We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

WEOS has also supported financially the higher education of the PATH supervisor, so that she will be obtaining her Masters in Social Work in June, 2011.

Evidence based trainings are frequently offered by Prevention Works, the Regional Support Network and agencies outside of our region, and staff are encouraged to attend with the use of agency vehicles and funding.

a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

This agency currently supports training for implementation of HMIS training and activities to migrate PATH data into HMIS. All housing staff at WEOS actively use HMIS at this time. Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with these efforts fully.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

WEOS was one of the founding agencies of the Shelter Provider Network which has been the core group involved in the HUD Continuum of Care community planning efforts in Clallam County since 1994.

Two available emergency shelter units available for West End homeless, other than those who are victims of domestic violence/sexual assault, are funded by ESAP through the Continuum of Care planning process and two additional shelters are funded by local 2060 monies. WEOS has partnered with Serenity House of Clallam County to provide transitional housing. WEOS worked with the Clallam County Housing Authority and Serenity House of Clallam County to secure 811 funding for

supported housing. WEOS is also an active participant in the North Olympic Regional Veteran's Housing Network which is an organization advocating for affordable housing in Clallam County for those that have served in the United State's military. A subgroup of the Shelter Providers Network continues to focus on implementation of the Continuum of Care plan priorities in the West End which complement the service plan components of this local PATH proposal. West End Outreach Services is a representative on the Clallam County Homeless Task Force appointed by the County Commissioners. A PATH client is also a representative on the Task Force. It is through the work at the Homelessness Task Force that a re-write of the Clallam County 10 Year Plan to End Homelessness occurred because we were making such incredible strides in meeting our goals and developing housing for the homeless.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

The cultural diversity of the service area is reflected by the presence of three Native American tribes; the Makah, Quileute and Hoh Tribes; a growing Latino community and the following demographic descriptors.

According to 2000 U.S. census data, the population of the area is 10,746. One in five residents live in poverty while over 40% have incomes of less than 200% of the U.S. poverty level. Thirty-five percent (35%) of the population are members of racial and ethnic minorities and 12% are linguistically isolated (primary language other than English), and the unemployment rate is 12.3%. Significant health disparities, which compared to Clallam County and the State of Washington, exist in the West End, including teen birth-rate, low birth weight, suicide at twice the State rate (23.1 per 100,000), chronic disease morbidity and oral health (Clallam County Health & Human Services, 2003).

It is within the above described context of geographic isolation, cultural diversity, poverty, unemployment and health disparities that persons with mental illness, and who are homeless, are the most vulnerable among the vulnerable at the biological, psychological and social levels.

Cultural competence is a valued principle in guiding service delivery for WEOS. Accordingly, its cultural competency plan reflects the infusion of cultural competency principles at policy and practice levels. At the policy level, a community advisory board, whose composition reflects the service population, provides programmatic guidance in service development and delivery.

As a result of a cultural competency self-assessment undertaken in 2000, the agency realigned its supervision protocol and staff training plans to promote cultural

competency. Ongoing activities reflective of cultural competency include: All staff participate in regular case oriented consultation and supervision provided by in-house geriatric, child, Veteran, Native American, and Latino minority mental health specialists; ongoing training related to cultural competency and diversity issues; and cooperative agreements and/or contracts in place with three local Native American tribes for the provision of mental health and substance abuse treatment services. In addition, staff composition is reflective of the service population including Native American, Hispanic and other bi-lingual staff.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

Specific to the PATH project, PATH eligible consumers participated in the project design and will continue to serve in advisory and oversight capacity for project implementation.

The Planning and Oversight Committee comprised of homeless and previously homeless consumers has continued as a committed, active group. The group has accomplished a variety of projects:

- Effective outreach to homeless people;
- Increased community awareness of problems facing individuals with mental illness;
- Surveyed trailer stock in the area to gather data necessary for grants;
- Planned community meetings to address housing concerns such as landlord tenant law, septic care and how to prevent mold and mildew;
- Directly influenced the amenities needed for the 811 project; and
- Aided in defining the type of housing (transitional vs. permanent supportive) needed for homeless Veterans within our community. Consumer Veterans have been key in developing the programs that would best fit the Veterans that will live in Sarge's Place.

This group participates in the Housing Advocacy Day in Olympia on a yearly basis; with former PATH clients telling their stories and sharing their successes. A PATH client was appointed by the County Commissioners, upon the recommendation of WEOS, to serve as a volunteer on the Clallam County Homeless Task Force and continues to serve to this day.

**Washington State PATH Application 2011
 Peninsula RSN – West End Outreach Service**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel		\$40,310.00	\$8,030.00			\$48,340.00
b. Fringe Benefits		\$10,772.00	\$2,168.00			\$12,940.00
c. Travel		\$0.00	\$0.00			\$0.00
d. Equipment		\$250.00	\$0.00			\$250.00
e. Supplies		\$0.00	\$4,000.00			\$4,000.00
f. Contractual		\$4,006.00	\$0.00			\$4,006.00
g. Construction		\$0.00	\$0.00			\$0.00
h. Other		\$0.00	\$4,700.00			\$4,700.00
i. Total Direct Charges (sum of 6a - 6h)		\$55,338.00	\$18,898.00			\$74,236.00
j. Indirect Charges						\$0.00
k. TOTAL (sum of 6i and 6j)		\$55,338.00	\$18,898.00			\$74,236.00
7. Program Income						

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 Peninsula RSN West-End Outreach Service SF-424 2011

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

PATH PROJECT – BUDGET NARRATIVE
October 1, 2011 to September 30, 2012

PERSONNEL

Wages reflect current salary scales. Staff expenses are proposed as follows:

2.0 FTE Outreach/Case Management @ \$15.38/hour
.20 FTE Program Coordinator @ \$20.00/hour

FRINGE BENEFITS

Includes Medicare, unemployment, industrial, medical, life and disability insurances, pension, deferred compensation (social security replacement) at a total rate of 27%.

EQUIPMENT

Equipment necessary for facilitation of data collection, program evaluation, resource development and electronic communication.

SUPPLIES

To assist program participants obtain necessary basic needs such as food, clothes, medications, etc.

CONTRACTUAL

External data collection services.

OTHER

Training: Estimated expense for staff to attend two or three out of area trainings related to enhancement of case management skills and housing related issues.

Housing: Rental/utilities deposits, one-time rental payments, minor repairs/maintenance.

REVENUES:

Agency funds are derived from in-kind contribution for program supervision, state transitional housing funds and general agency private pay and local contracts.

Washington State 2011 PATH Application
Pierce County RSN Intended Use Plan 2011

Pierce County

Community Connections Department

3580 Pacific Avenue
Tacoma, WA 98418-7915

Helen Howell
Director

March 21, 2011

Mr. Hank Balderrama
Department of Behavioral and Health Recovery
PO Box 45320/1115 Washington Street
Olympia, WA 98405-5320

Subject: 2011 Pierce County Human Services PATH Intended Use Plan and Budget

Dear Mr. Balderrama,

Pierce County Community Connections is pleased to submit the attached PATH Intended Use Plans and accompanying SF 424 Budgets for the 2011-2012 funding cycle. This year Pierce County is submitting Intended Use Plans for two organizations contracting directly with the State of Washington Mental Health Division- Comprehensive Mental Health Center and Greater Lakes Mental Healthcare.

Pierce County strongly supports the planned efforts and visions of these two organizations as they work to meet the needs of those with mental illness experiencing homelessness in the greater Pierce County area. Each agency brings a strong commitment and extensive experience in support of its plan. While the team members from both PATH programs will work to meet the immediate needs of those experiencing homelessness, each agency, along with Pierce County Community Connections Homeless Services Unit, will remain active participants in the Coalition to End Homelessness and the Continuum of Care to bring about systems change.

Funds to be contracted from DSHS directly to the provider agencies include:

	<u>Comprehensive</u>	<u>Greater Lakes</u>
Base Funding:	\$90,926.57	\$96,938.25
Palm Contract:	\$7,564	\$8,064
Palm Equipment:	\$250	\$250
Match:	\$33,572	\$35,786

Note: All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for your help in preparing this plan. We believe its intent and potential will best serve individuals with mental illness who are experiencing homelessness in Pierce County. Please let me know if you have any questions regarding these plans

Aging • Arts and Culture • Chemical Dependency • Community Action • Community Development • Developmental Disabilities •
Housing • Mental Health • WSU Extension
Telephone (253) 798-4500 • FAX (253) 798-4470
EQUAL OPPORTUNITY EMPLOYER

Washington State 2011 PATH Application
Pierce County RSN Intended Use Plan 2011

or how I can be of assistance as we move forward.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "S. Troy Christensen".

S. Troy Christensen, MA, LMHC, MHA
Manager, Mental Health and Initiatives to End Homelessness
253-798-6139
troy.christensen@co.pierce.wa.us

Cc: Helen Howell

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Pierce County discontinued as a Regional Support Network in the state of Washington in 2008. Therefore the funds for direct services are paid from the state directly to the provider organizations (Comprehensive Mental Health Center and Greater Lakes Mental Healthcare). A new RSN was selected and put in place in July of 2009- OptumHealth Pierce RSN. A decision was made for the PATH contracts to continue directly with the state, although the RSN is consulted about the plans for use of PATH funds. Pierce County's Department of Community Connections oversees the homelessness funding, planning, and programming for providers in Pierce County. The Homelessness Division, therefore, is providing some oversight and consolidation of the applications for PATH funding. For the purposes of local PATH Intended Use Plans, Pierce County will use the local data on homelessness and mental illness to provide technical assistance to the agencies awarded PATH contracts, and to consolidate the Intended Use Plans into a County-wide plan. This will occur in consultation with OptumHealth Pierce RSN and the Department of Social and Health Services' Division of Behavioral Health and Recovery. Pierce County Community Connections is a department of county government that provides a variety of direct services, contract services, and technical assistance and oversight of services provided by other organizations.

Pierce County Community Connections
3602 Pacific Avenue
Tacoma, WA 98418
(253)798-4500

2. Indicate the amount of federal PATH funds the organization will receive.

Pierce County Community Connections will receive no funds directly. However the provider organizations will each receive funds from the Division of Behavioral Health and Recovery of Washington State in the following amounts:

Comprehensive Mental Health Center:	\$ 98,740
Greater Lakes Mental Healthcare:	\$105,252
Total:	\$203,992

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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Pierce County RSN Intended Use Plan 2011

- a. the projected number of clients who will receive PATH-funded services in FY 2011. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. (See page 12 for definition of "imminent risk of homelessness");

Clients projected to be seen in 2011: 880

Clients projected to be enrolled in 2011: 254

Clients projected to be "literally" homeless: 75% (685)

Because the agencies providing the services are licensed community mental health centers, they will enroll some PATH contacts directly into community mental health services. This will result in the number of PATH enrolled clients to be lower than would otherwise be expected. Based upon the 2010 Homeless Survey/Count, and ongoing requests from smaller jurisdictions within Pierce County, some focus shifted to East Pierce County in 2010. Street homelessness has become an issue in Puyallup, and focusing some outreach there, especially given the decreases in those counted as unsheltered over the past five years, seems to be an important strategy.

- b. list services to be provided, using PATH funds (see pages 4 and 5, above, for PATH eligible services);

- Outreach
 - Screening and Diagnostic Services
 - Habilitation and Rehabilitation Services
 - Community Mental Health Services
 - Alcohol and Drug Screening and referral
 - Staff Training
 - Case Management Services
 - Referrals for primary Health services, job training, educational services, and relevant housing services
 - Housing Services
- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;
- Comprehensive Mental Health Center
 - Greater Lakes Mental Healthcare
 - Associated Ministries- specifically Access Point 4 Housing (new county-wide Centralized Intake system for homelessness)
 - Metropolitan Development Council

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- Housing First Consortium
 - Catholic Community Services
 - Tacoma Rescue Mission
 - South Sound Outreach
 - Salvation Army
 - Nativity House
 - City of Tacoma's Human Rights and Human Services Department
 - Department of Corrections
 - Community Health Care
 - Multicare and the Franciscan Hospitals
 - Response Recovery Center
 - Secure Detox and The Center
 - Telecare Evaluation and Treatment Center
 - Lakewood Area Shelter Association
- (detail is provided in the individual service organizations' IUP's)

d. gaps in current service systems;

- Decrease of inpatient psychiatric bed capacity (from 66 to 16, then up to 40)
 - Safe, affordable housing- especially given current local economic downturn
 - Medicaid eligibility- and loss of GAU and TANF assistance to many local residents with mental illness
 - Substance abuse treatment
 - Job training and educational services- although local efforts are underway to make improvements in this area
 - Access to Veteran Administration services- still remains an issue, but there are new programs coming on-line and there is local hope about impacting this population more thoroughly
 - Lack of coordination between mental health and local law enforcement
 - Health and safety issues for clients
 - Rapid access to resources- this is improving as well with a new Centralized Intake system in Pierce County
 - Supplies for those still living on the streets
 - Lack of shelter capacity in some areas of the county
 - Lack of camping areas in some areas of the county
- (detail is provided in the individual service organizations' IUP's)

e. services available for clients who have both a serious mental illness and substance use disorders;

Both mental health centers offer some level of coordinated mental health/substance abuse treatment for individuals who qualify for

community mental health services. Greater Lakes was dually licensed to provide both community mental health and chemical dependency services, but discontinued their chemical dependency program in 2009 due to funding issues. Both Comprehensive and Greater Lakes have a close working relationship with Metropolitan Development Council- MDC who operates both a detoxification center and intensive outpatient chemical dependency services.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Greater Lakes operates several Housing First programs and readily accept referrals from the PATH teams. The City of Tacoma and Pierce County provide funding for Housing First for unsheltered homeless and those living in encampments. Greater Lakes operates additional programs with this funding. Greater Lakes and Comprehensive each have relationships with local shelters such as the Tacoma Rescue Mission, The Tacoma Avenue Shelter (formerly known as Martin Luther King Shelter), and Lakewood Area Shelter Association. Additionally both Greater Lakes and Comprehensive have a full continuum of mental health housing (boarding homes, congregate care facilities, adult residential treatment facilities, and supported independent living options). This housing is made available to PATH contacts when they qualify. Greater Lakes also just received a SAMHSA grant to provide services to 50 individuals with serious mental illness who are homeless or coming out of institutions. The local public housing authorities have matched these services with housing vouchers.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Greater Lakes and Comprehensive have regular representation at the local Coalition to End Homelessness. Greater Lakes is a member of the local Continuum of Care. The Pierce County staff member assigned to coordinate PATH is the past chair of the Coalition to End Homelessness, the past chair of the Continuum of Care (a program of Pierce County Community Connections), and the current manager of the Division overseeing planning, funding, and coordination of homeless services in Pierce County. He also serves as the chair of the Washington State Coalition for the Homeless Board of Directors.

- 5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural

competence. (See Appendix I: "SAMHSA Guidelines for Cultural Competence.")

a. According to the 2000 Census, the population of Pierce County is 700,820. The population of Tacoma is 195,898. The Homeless Point in Time Count for 2010 (preliminary numbers) reveals that 1814 persons are homeless with 554 single individuals. There were 333 families, comprised of 1,110 individuals. As in past years people of color continue to be disparately represented in the homeless count. African Americans are now represented at four times their existence in Pierce County at large. Males continue to be homeless at about double the rate of females (street homelessness). Of note is the continued decrease in street homelessness (unsheltered) found on the day of the count. Since 2005 there has been a 76% decrease (from 727 in 2005, to 169 in 2010) in this sub-population. While multiple factors account for this, PATH Outreach and their work with multiple Housing First entrants (not the least of which was the Tacoma Encampment Project), has had a major impact. Another potential reason for the decrease is that the Homeless Survey/Count occurs mostly within Tacoma city limits. There are reports that street homelessness is on the rise in some other areas of the County- most notably East Pierce County.

b. Currently the staff at each of the agencies are represented by about 60% Caucasian men and 40% Caucasian women.

Each of the teams uses a complement of consultants with expertise in a variety of areas: age, ethnicity, national origin, race, gender, sexual orientation, disabilities, etc. Additionally they each receive regular training on cultural differences and how to be sensitive in this regard.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The agencies use a variety of venues for eliciting input into their service designs. These range from an advisory group, to annual input meetings, to ongoing input from a variety of sources in the community. One team employs an individual with a history of homelessness, and another uses individuals who have received their PATH services as members of their advisory committee.

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Comprehensive Mental Health
1305 Tacoma Avenue South, Suite 305, Tacoma, Washington 98402
253-396-5000

CMH operates within the OptumHealth Pierce RSN. CMH is a private, non-profit, state licensed mental health center that receives public funding to serve children and adults with severe and persistent mental illness. Services include outpatient community support, a variety of residential care arrangements and crisis intervention. CMH serves Tacoma city limits, Gig Harbor, and the Pierce County portion of the Peninsula.

2. Indicate the amount of federal PATH funds the organization will receive.

- Base Allocation: \$90,927
- Amount to Northwest Resource Associates: \$ 7,130
- Palm Equipment: \$ 250
- Total Federal Award: \$98,306
- Required Match Contribution: \$33,572

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1 The projected number of adults clients to be contacted using PATH funds.

300 individuals are projected to be outreached contacts. CMH PATH has an average of 300 persons contacted a year over the past five years.

a.2 Projected number of adult clients to be enrolled using PATH funds.

100 eligible individuals are projected to be enrolled in PATH services. With an almost 40% reduction in PATH team members this projection represents only a 25% reduction from last fiscal year actual enrollment outcome. .

a.3 Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

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Pierce County RSN--Comprehensive Mental Health Intended Use Plan 2011

At least 75% of served individuals will be literally homeless (Actual average over the past four years is 73%) In the last fiscal year 78% of contacts were literally homeless living outdoors or in temporary/emergency shelters

a.4 Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

- Outreach
- Screening and Diagnostic Services
- Community Mental Health Services
- Alcohol and Drug Treatment Services
- Staff Training
- Case Management Services
- Referrals for primary health services, job training, educational services and relevant housing services

Outreach: CMH PATH conducts Assertive Outreach throughout Tacoma and Pierce County except for the area covered by Greater Lakes PATH Team. The Team seeks out face to face contact with literally homeless individuals on the streets in shelters, parks and in extreme, dangerous and hidden locations. CMH PATH provides “Extreme” Outreach seeking contacts under bridges, freeway under/over passes, along railroad tracks in wooded and secluded areas. Team members also conduct “In-facility” outreach at the Health Care for the Homeless, Nativity House Center, Tacoma Ave Shelter and the Hospitality Kitchen. PATH makes referrals to appropriate resources to increase access to and utilization of available community services.

The team makes repeated field contact attempts to engage and build rapport in offering support and assistance with immediate and basic needs. The most favorable indicator for enrollment is when contacts follow up a field visit with a “drop-in” to the office. The Team encourages contacts to “drop by” the CMH office if they “need anything”. Items/services provided are hygiene products, towels, clothing vouchers, clean dry clothes, hats, gloves socks, sleeping bags, blankets, tarps, bus tickets to keep appointments, phone and computer/internet access. Assertive Outreach is not only the process for seeking out the locations of persons who qualify for PATH but also is community engagement to build relationships. CMH PATH Team has built working relationships with hospital social workers, police, jail, neighborhood associations, businesses, city workers, park maintenance, community service cleanup crews and churches. A Local Large chain grocery store provides kitchen/meal and food bank resources to shoplifters whom they identified as needing food for self and/or families (no police). Recently there has been much closer collaboration with the “new” city of Tacoma Homeless/Housing First coordinator whom provides location referrals and frequently accompanies the team out in the most remote, difficult and dangerous encampments.

Direct location referrals from the community can be the most efficient use of Team time and energy; however these reports of encampments are frequently

exaggerated as most referrals result as inactive/unoccupied. These reports are the unsightly remnants of past occupation as the homeless leave behind wet clothes, blankets, sleeping bags, torn tarps, tents and garbage. In fact the same person or persons can be responsible for several abandoned campsites.

Screening and Diagnostic Services: PATH continues focus on finding and engaging homeless people who meet the criteria of severe and persistent mental illness and/or co-occurring disorders. At initial contact team members will attempt engagement with an “immediate needs” assessment (health, safety, food, shelter, hats gloves, blankets) If rapport allows the team will conduct a “snap shot” field screening and diagnosis based on the persons self report and direct observation/evaluation of the person, and surroundings. Team will conduct a benefits/entitlement eligibility screening IE: Social Security, DSHS Disability Life Line, Medicaid, Medicare, Food Stamps, and Veterans benefits. Upon identifying the needs, PATH will link the person to:

- Recovery response Center (crisis services/triage)
- Tacoma Detox (16 Detox and 12 utilized sobering mats for a total of 28)
- Healthcare for the Homeless clinics (operated by MDC)
- Temporary/permanent shelters
- Meal, food bank and clothing sites
- Hospital Emergency Rooms
- Mental Health Treatment
- Substance Abuse Treatment
- Agencies partnering in Housing First Model
- Employment and Educational resources
- Resources for Veterans
- South Sound Outreach Services (benefits assistance IE: DSHS, Social Security)

Community Mental Health Treatment: PATH screens everyone outreached for mental health eligibility. Initially this is a provisional “snap shot” field diagnosis which may require several engagement attempts to fully obtain. Criteria eligibility is determined more towards inclusion than exclusion. Current Medicaid recipients can be assisted with referrals and transportation to one of the local community mental health providers. Non recipients of medical benefits can be assisted with referrals to South Sound Outreach Services or taken directly as needed to DSHS, Social Security, and Veterans Services. PATH can assist with completing application paper work and provide assistance with follow-up appointments. For more immediate needs or imminent crisis, PATH can directly link to mental health services from Health Care for the Homeless, Recovery Response Center, Mobile Outreach Crisis Team (MOCT) and Crisis Residential Stabilization Beds. Recently the Rescue Mission has used PATH as a first responder to shelter residents exhibiting mental health symptoms of a non imminent danger to self or others. These instances have resulted in obtaining refills of Psychiatric medication at Health Care for the Homeless, stays at the Recovery Response

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Center and evaluations by Designated Mental Health Professionals on the MOCT team for involuntary detainment. The Recovery Response Center requests and receives PATH services when discharging homeless persons. PATH Team has access clearance into Pierce County jail where the mental health/social workers contact PATH pre release of homeless inmates. PATH participation in business work groups have resulted with store managers calling PATH when encountering "homeless" persons exhibiting non violent mental health symptoms.

Drug/Alcohol Treatment: Drug/Alcohol evidence is overwhelming with fortified alcohol containers and/or IV drug use paraphernalia in and around the majority of encampments. The denial of having a problem and/or using substances and their decline of treatment referrals offered indicate the person's in remote secluded locations wish to be left alone to use. "Pushing" with persistent treatment referrals can elicit hostile response and damage rapport. The Team continues contacts in an effort to build rapport and relationships. Initial treatment referrals directly from the field have proven not to be productive for treatment engagement outcomes. Establishing rapport to build case management to support and assist in meeting basic living needs increase the outcome of accepting treatment. PATH continues its close partnering with MDC treatment programs. PATH will present the Sobering Center emphasizing being a voluntary and least restrictive unit a place to get out of the weather, sleep in a bed, shower, wash clothes and eat hot meals as the first step towards treatment.

Staff Training: PATH participates in various community meetings. Recently PATH has been invited to the East side Neighborhood Association/Safe Streets meeting. Team participates in the newly formed Pacific and 38th street Business work group. The "D" to "M" street light rail project requests PATH participation for safety along construction/ demolition sights. The Team has recently been invited to the Tacoma Police Department Community Liaison Officer meetings each month. PATH provided safety training for participants in the Point in Time homeless count. PATH provides education to business groups to differentiate criminality from homelessness, and provide assistance with information on available resources.

Case Management and Referral Services: For screened contacts that meet PATH eligibility and are accepting of PATH services a plan is developed. A needs assessment and the barriers to meeting those needs are identified. Basic/survival needs are met first IE: Blankets, gloves, dry socks, clothing vouchers to goodwill, meal/ kitchen sites, food banks, shelters /emergency housing. Next is to provide linkage to health care, dental care, mental health, drug/alcohol treatment, financial entitlements, medical benefits and linkage to

housing resources. Assistance is provided to keep appointments, complete application/ paper work and assist meeting housing eligibility requirements. Referrals to employment, vocational training and education opportunities/programs are provided. Services provided are to break down barriers between homelessness to housing!

Referrals for primary health services, job training, educational services and relevant housing services: The majority of health care referrals are to the MDC Health Care for the Homeless which provides drop-in health care and once a week mental health/psychiatric medication services. On mental health days PATH Team provides outreach in the facility. Other frequently referred health care providers are Community Health Care which has four clinic locations in greater Tacoma and the Neighborhood Clinic at Catholic Community Services. Immediate concerns are referred to local hospital emergency room care. Path Team provides assistance with obtaining medical benefits through SSOS or directly with DSHS, Veterans, and Social Security. PATH participates in the Employment Services Work-Group meeting with OptumHealth Pierce RSN. Frequent PATH referrals are to Worksource, DVR, Labor Ready and Goodwill work training programs. Referrals are made to the Supported Education Program through Pierce College. This is a free program to support consumers of mental health services in the process of continuing their education. The Tacoma Rescue Mission operates the Challenge Learning Center which prepares for obtaining GED and tutoring for basic learning skills. Greater Lakes Mental Health Center has recently begun offering Adult Basic Education (ABE) classes.

Housing Services: The Team actively engages in the coordination of very limited housing resources through a number of agencies. PATH provides technical assistance in applying for housing with completion of paperwork, obtaining required documents, and pursuing financial entitlements. PATH assists with transportation to keep appointments. Recently a work-group met with participants from MDC Housing First, Greater Lakes PATH, Tacoma's City Encampment Program (CEP) and CMH PATH. The purpose of this work group was to break down access barriers to CEP Housing First. The outcome of the group did streamline efficiency to improve access by no longer requiring CMH PATH the only "gatekeeper" to CEP Housing. "Gate keeping" is now a shared responsibility with Greater Lakes PATH. Referrals are made to the Ready to Rent program to educate/prepare people for the responsibilities of being a renter. Successful completion of the program earns a certificate that landlords will accept with confidence to override a previously poor rental history. Last year CMH PATH housed 14 applicants into CEP Housing First. Limited availability, wait list time and exclusionary requirements/rejection from landlords are barriers into Housing First units.

Washington State 2011 PATH Application
Pierce County RSN--Comprehensive Mental Health Intended Use Plan 2011

a.5 Strategies that will be used to target PATH funds for street outreach and case management as priority services.

The CMH PATH Team has experienced the retirement of two of its members one of which was the Team supervisor. Although the FTE remain the same as last year the actual "pairs of boots on the ground" has been reduced from 4 to 2 .5 pair. This reduction will create increased time management awareness to use available staffing to preserve safety. Hours dedicated to "Extreme" Assertive outreach requiring 3 members will decrease. Assertive Outreach requiring teams of two for safety will increase in downtown Tacoma, city parks, library and other public locations. "In-facility" outreach will increase requiring only a single team member in safe supervised locations IE: Hospitality Kitchen, Nativity House and Health Care for the Homeless. The Team will utilize its community contacts/relationships for direct referrals of encampment locations for efficiency of time and personnel management.

a.6 Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Presently CMH is not reporting PATH data through HMIS standards. However CMH does have an HMIS account which reports data from its Permanent Supported Housing program. This account has two CMH administrators. It might be possible for CMH PATH to register on to this existing HMIS account. A study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. CMH is cooperating with this assessment and will participate in the implementation process.

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

CMH provides in-house trainings and supervision regarding evidenced based practices. This is especially significant when building service plans which will document specific achievable measurable outcomes for our PATH clients.

a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

CMH supports implementation of HMIS training and activities to migrate PATH data into HMIS.

b. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations:

The Coalition to End Homelessness provides a network of over 40 agencies in Pierce County which shares ideas, concerns and resources

applicable to homeless issues and fosters collaboration in addressing needs and increase community awareness of the causes of and ways to end homelessness. CMH PATH coordinates through networking with phone/individual contacts, staffing, meetings, and work groups. Team provides and receives updates on programming, progress and problem solving. As PATH providers of Assertive Outreach and Referral these are the key organizations:

- **Housing First Consortium:** This includes the City Encampment Project (CEP) City of Tacoma Human Rights & Human Services Department, Metropolitan Development Council (MDC) and Greater Lakes Mental Health. It is the goal to significantly decrease homelessness in line with the State's 10-Year Plan and the ROAD HOME (Tacoma/Pierce County's 10-Year Plan to End Chronic Homelessness). MDC has its Housing First program in Tacoma the Greater Lakes program is in Lakewood. CEP contracts for housing units with both MDC and Greater Lakes. The PATH team continues to be instrumental with Assertive Outreach to locate, refer and make application for persons who meet Housing First criteria. Partnership continues between the PATH Teams in making referrals/"gate keeping" to MDC and Greater Lakes CEP programs.
- **Metropolitan Development Council:** A community action agency, which offers a wide array of medical, dental, housing, chemical dependency, and most recently is licensed to provide mental health services. MDC operates "The Center" a chemical dependency outpatient treatment program as well as the "Sobering Center" and Secured Detox. They operate "Health Care for the Homeless", a drop in site where people can receive medical care, mental health/psychiatric medication, do laundry, shower, and access to Veterans' Administration representative. The PATH Team provides in-facility outreach on Thursday's mental health day. MDC operates a mobile health/dental outreach unit.
- **Catholic Community Services (CCS):** Provides a continuum of housing options for poor and low-income families. In 2010, CCS housed 52,076 overnight stays of men and women in their "Tacoma Ave Shelter". They also operate the Hospitality Kitchen. In 2010, the Kitchen served just over 300,000 meals. The Kitchen not only provides breakfast and lunch, it is also serves as a drop-in center that is a safe place to hang out/sleep, watch TV and can access a representative from the Veteran's Administration. PATH provides weekly in-facility outreach. The Kitchen has been a productive source for PATH contacts/enrollments. St Leo's Catholic Parish has two "Food Connection" food bank locations serving 116,718 persons in

2010. The Parish also operates the Neighborhood Clinic (primary health care). PATH refers to Operation Keep Em Warm (blankets and tarps), The Hospitality Kitchen, Food Connection and Tacoma Avenue Shelter are among the most utilized service referred by PATH.

- Tacoma Rescue Mission (TRM): Operates a multitude of programs to include Emergency Services (housing), Case Management, Culinary Program, New Life Program for people who have chemical dependency issues, programs that serve families and youth, jail ministry, the Challenge Learning Center, and a 70 bed men's shelter. In 2010, the Mission reports serving 252,267 meals (increase from 83,535 in 2009) and counted 42,535 staying overnight (increase from 37,950 in 2009). Like Nativity House and Catholic Community Services, the PATH Team meets with staff regularly to share resources and problem solve challenges to their consumers and programs.
- South Sound Outreach: This private non-profit agency guides seniors, disabled and people experiencing homelessness through the complex array of resources needed for sustainable independent living. Those resources include: application and advocacy for short-term disability through the Department of Social and Health Services (DSHS); long-term or permanent disability through application and advocacy Social Security Disability (SSDI and SSI); medical care; food; and financial entitlements through DSHS, first month's housing rental assistance. SSOS staff trains the CMH PATH Team on the complexities of DSHS and Social Security and, in turn, CMH PATH Team assists SSOS staff with mental health accessibility challenges.
- Nativity House: Well known daytime drop-in center recently taken over by Catholic Community Services that serves two meals a day; provides a safe place to hang out/rest. Staff helps guests with bus tickets, phone access, rental support and referrals for treatment/services. They also reach out to people in jail and provide memorial services for those who have died. Nativity House has been open for 22 years and has been affiliated with the CMH PATH Team outreach for just as long.
- PATH has and will continue to do "In-facility" outreach each week in order to assess and engage homeless persons who have a mental illness/co-occurring disorders.

c. Gaps in current service systems;

- Shelter availability (single adults): Shelter demand exceeds capacity. The Tacoma Avenue Shelter reports that over the course of last year their nightly average of "turn a-ways" was 17

people. The Rescue Mission had an increase of 5,545 overnight stays from the previous year. PATH contacts often decline shelter referrals due to the following: (A) Social anxiety/fear/phobia "It's too many people, too crowded". (B) Nightly enter/sign up sheet wait time. Persons report that the time it takes to travel the distance to downtown, the wait and see time (to get in) often results in being turned away after dark. "Downtown at night and no where to go with a long dark walk back to camp, it's just not worth it".

Progress: PATH Team will put to use the new Access Point 4 Housing central intake program to help alleviate the over demand for emergency shelters through referrals to more than 50 housing service providers for permanent housing and homeless prevention programs. Referrals to Health Care for the Homeless can provide psychotropic medications to reduce anxiety symptoms which could make shelter stays more tolerable for persons with social anxiety.

- Available Affordable Housing Units: Currently the demand greatly exceeds availability. The system lacks the ability to serve individuals who are experiencing chronic homelessness and who are living in encampments. Low rent apartments have disappeared in Tacoma. Many people who are not too ill to secure housing have legal, addiction and rental history backgrounds that are barriers to affordable housing. The path to recovery can only best be met when basic community living needs are met. It is not enough to throw a "life line" of blankets, hats and gloves. People must have simple basics beyond just survival such as electricity to plug in an alarm clock, lights on to read and write, warm water to bathe even a mirror to shave or put on lipstick. A safe comfortable warm place to sleep can provide health and energy for the next day. The PATH Team needs more "Tools" (available housing) for homeless persons to begin building their own recovery.

Progress: PATH will again utilize the new Access Point 4 Housing central intake program to streamline access to the 50 plus housing service programs in Pierce County. The "hands on" relationship with the "new" City of Tacoma CEP housing first director is proving to be effective with first reducing the intake barriers and negotiating reducing the number of CEP units to be eliminated. He is also working to reduce exclusionary screening criteria by CEP Housing First unit owners/landlords. The Emergency Transitional Housing for Veterans is seeking a local provider for their program.

- Police, neighborhood and business perception of homeless persons/Issues: In meetings/work groups outside the Homeless Coalition with neighborhood associations, business groups and Tacoma Police Community Liaison officers there is an overwhelming consensus that the services provided by PATH, Shelters, Meal Kitchens, needle exchange and methadone programs are enabling and attracting homeless persons into Tacoma neighborhoods and business locations. Police complain “the blankets you (PATH) give out are killing us. We find wet blankets all over the place making a mess”. Concerned neighborhood members report “You can get seven hot meals a day in Tacoma, that’s bringing the homeless from Seattle into my neighborhood”. Business groups report “The methadone and needle exchange bring in the homeless every day and they hang out in front of my business and shop lift at the stores”.

Progress: PATH participates in the 38th and Pacific Avenue Business work group which consists of participants from local business owners and managers, Sector 4 Police Liaison Officer, Pierce County Health Department methadone program and CMH Path Team. PATH participates in the Eastside Neighborhood Association/Safe Streets work group which is attended by concerned neighbors, Sector 4 Police Liaison Officer, CEP Housing First director and Community Service clean-up crew director. The Team participates in the Tacoma Police Community Liaison work group that meets with all four of the sectors Community Liaison officers and the CEP Housing First director. PATH accomplishments through attendance in these meetings has resulted the following: Blanket exchange when offering dry blankets the team offers to exchange for a wet one which is placed in plastic trash bags and disposed of or placed where the Community Service clean-up crews pick them up. PATH receives maps from the police with camp site locations requesting that PATH contact these camps to give them a heads up that the police are aware of their camp to give some time to collect up belongings and move prior to police eviction. The Team has distributed resource materials/guides to grocery store managers whom have given food bank and meal locations to shop lifters who are in need of food in place of police intervention. The team provides education to differentiate criminal behaviors from being homeless. All shoplifters are not methadone users, needle exchange persons and homeless. Not all persons walking the streets should be identified or associated as being homeless. Breaking the law is criminal, being homeless is not!

- d. Services available for clients who have both a serious mental illness and substance use disorder:

PATH continues to partner with agencies that provide substance use treatment and recovery services. Metropolitan Development Council offers a number of programs to assist people who are experiencing both a mental illness and a substance abuse disorder to include:

- The Chemical Abuse and Resource Education program, which provides 24-hour no cost information and referral services on substance abuse resources.
- The CENTER provides outpatient substance abuse treatment and evaluations and DUI Deferred prosecutions.
- Sobering Center has eight beds which focus on people who experience regular and severe intoxication who need a safe place to detoxify for the night.
- Tacoma Detoxification Center which provides 24/7 medically supervised detoxification services for adults and youth over the age of 13. A person who has extensive experience in the chemical dependency field serves on the PATH team.
- Involuntary Commitment for Chemical Dependency service targets life-threatening chemical dependency issues. The program provides investigation for, and placement services to, long-term inpatient substance abuse treatment facilities.
- Tacoma Rescue Mission provides the New Life Recovery Program which is a drug and alcohol treatment program for men and women.
- CMH PATH team attends Pierce Interagency Coalition On Recovery (PICOR) formally the MICA Task Force Group in order to discuss needs and resources.
- Point Defiance Needle Exchange Van provides clean needles, resources and support. PATH team consults with their staff twice a month.

- e. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing):

PATH clients are the most vulnerable homeless population. Available housing is very limited and in high demand. When resources (housing) are in short supply, it should go to those who are at greatest risk without the resource. Landlords, even within Housing First programs, are exclusionary in their application screening. PATH clients are accepted into the CEP Housing First program but then are excluded by specific landlords/managers/owners from available housing units. Applicants are declined for criminal history, prior eviction, drug-related issues, or no

rental histories. They are often held to the same standard as competitive housing/general public. For PATH clients these standards are overly restrictive. At issue is that most housing agencies/programs do not own the units available and want to preserve and protect their working agreements/relationships with owners/landlords, managers. It is imperative that owners/landlords be assured of the array of services in support of making housing work for each individual PATH tenant. Organizations, landlords/managers should review their screening criteria towards inclusion rather than exclusion. Programs that own available housing units with inclusive criteria have very productive outcomes in putting people in houses. The Down Town Emergency Service Center (DESC) in Seattle is a prime example of this truly "Housing First" program in giving people a chance in the first place. This is the model Tacoma/Pierce County needs!

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The number of agencies participating in the Coalition to End Homelessness (CoC) continues to increase each year. The CMH PATH Team is the provider of "Extreme" Assertive Outreach and as the safety net/survival support and referral service the focus is on the most applicable coalition participants which can assist meeting the needs of persons outreached. Key to CMH PATH Team is as follows:

- HUD Point In Time Homeless Survey Count of People who are Homeless: For the tenth consecutive year, CMH PATH team worked with Pierce County and other agencies to plan and implement the Survey. Our team updates the "How to Conduct the Survey" packet and also train volunteers, stressing the importance of how to do outreach/engage people with respect and safety in order to get useful information.
- Tacoma Citywide Encampment Project (CEP): The CMH PATH team has been the lead agency for identifying people who are homeless and assessing their eligibility for the Encampment Project that uses the Housing First Model.
- Project Connect: The CMH PATH team was on the core team who planned and implemented this resource rich event. The team placed flyers through the City of Tacoma and Key Peninsula. The team coordinated security for this event. The project connected over 1,400 people who are homeless to services, such as financial benefits, medical (flu shots), dental, vision care and a host of other services.
- Key in working within a very large coalition is to focus down on who can provide the "tools" to do the job but also not to loose

sight of the “bigger picture/overall plan”. PATH continues building trust and relationships through communication/networking in the form of meetings, work-groups, volunteering at other agencies, providing program updates, phone calls, emails and “greasing the skids” (direct short cuts to persons and programs, expediting systems).

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: “SAMHSA” Guidelines for Cultural Competence”.)

a. Client Population demographics CMH PATH (135 enrolled)

- Age: 80% fall between the ages of 35-64 years old. Five clients were older than 64 and 22 were younger than 35 (none under the reported age of 18).
- Gender: Male 81 (60%), Female 54 (40%)
- Race/Ethnicity: Caucasian 99 (73%), African American, 19 (14%), Hispanic or Latino, 8 (6%), Native Hawaiian/Pacific Islander, 3 (2%), American Indian or Alaska Native, 1 (less than1%), Asian, 1 (less than1%)
- Mental Illness/Diagnosis: (58%) experience Affective/Mood Disorders, (29%) Schizophrenia/Thought Disorders. The remaining 13% experience other serious mental illness or Personality Disorders.

*Data from the 2011 Point in Time Survey (homeless count) was not available at the time of this writing.

b. PATH Team demographics:

Caucasian and male, between the ages of 47 and 57, which are the dominant characteristics of the population we serve in downtown Tacoma and surrounding Pierce County.

c. Sensitivity to age, gender and racial/ethnic differences:

Two of the three CMH PATH team have received extensive training as staff working at CMH for over 14 years each. Two team members have experienced mental illness, chemical dependency and homelessness. CMH assigned an Afro-American specialist to work with the team in order to be of assistance around cultural issues. We also have had contact with the RAINBOW CENTER (serves people who are gay, lesbian and transgendered with resources/support). We make every effort to be

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sensitive not only to age, gender, and racial issues, but also are considerate of lifestyles and backgrounds.

d. Periodic training in cultural competence:

OptumHealth Pierce RSN and CMH have mandatory yearly training requirements for cultural competency. On September 16, 2010 the team completed the one day training "TRANSLATED: CULTURE AND MENTAL HEALTH" offered by OptumHealth and presented by Cross Cultural Health Care Program.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

CMH does not have a formal advisory board to the PATH Project; the PATH supervisor presents the mission and outcomes of the PATH Project to the CMH Program Review Committee of the CMH Board. Two of the members of this committee have had sons who frequented many of the sites that serve homeless. PATH maintains close alliance with many consumers who have been homeless or are currently homeless. They provide regular feedback about PATH process, the process of other agencies, local gossip/rumors and camp site referrals. We clarify and advocate for people who are on the streets and for agencies that provide for the homeless. We have maintained a role of objectivity that has served well over the last 21 years.

One PATH Team member who has served the CMH team for over 14 years has completed the week long Peer Support Specialist Certification Training and received his credential. He is well known and respected by agencies throughout Tacoma and Pierce County. The newest member of the CMH PATH Team is a current resident in the Housing First program and was the first person to be housed in Tacoma's CEP program over four years ago. He is the longest sustained resident of Housing First in Tacoma. Prior to Housing First this person was homeless in Tacoma for over 15 years. He experienced drug addiction and serious mental health symptoms. Since being housed he has been successful with both his addiction program and mental health treatment. While homeless and continuing when housed he was an "Informal" support/advocate for the homeless where he was often sought out for help and assistance in getting basic needs met. He is well known, trusted and respected in the homeless community which is a huge asset to the Team. He has made application to the Peer Support Specialist Certification Training and is enrolled for the next training session in late summer (July/August, 2011).

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SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$66,745.00	\$5,369.00			\$72,114.00	
b. Fringe Benefits	\$17,795.00	\$3,198.00			\$21,173.00	
c. Travel	\$2,700.00	\$0.00			\$2,700.00	
d. Equipment	\$250.00				\$250.00	
e. Supplies		\$500.00			\$500.00	
f. Contractual	\$7,564.00	\$2,572.00			\$10,136.00	
g. Construction					\$0.00	
h. Other		\$15,007.00			\$15,007.00	
i. Total Direct Charges (sum of 6a - 6h)	\$95,054.00	\$26,646.00			\$121,880.00	
j. Indirect Charges	\$3,252.00	\$6,926.00			\$10,433.00	
k. TOTAL (sum of 6i and 6j)	\$98,306.00	\$33,572.00			\$132,313.00	
7. Program Income						

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

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Comprehensive Mental Health

PATH/Homeless

Application for Grant Period October 1, 2011-June 30, 2013

Budget Narrative

The proposed budget for this application is \$98,741 of PATH funds and \$33,572 of local match for a total of \$132,313. The program will be staffed with a fulltime supervisor-mental health counselor, two part time peer support specialists to work as outreach case aides and one part time outreach mental health counselor for a total of 2.10 full time equivalent (FTE) employees.

	PATH Funds	Match	Total
Personnel			
<u>Outreach Worker/Case Aide-</u> two part time peer support specialist to work a combined 36 hours a week for a .9 full time equivalent (FTE).	18,720		18,720
<u>Outreach Mental Health Counselor-</u> one part time employee to work 8 hours a week for .2 full time equivalent (FTE).	6,386		6,386
<u>Supervisor-Mental Health Counselor-</u> to work 40 hours per week for one full time equivalent (FTE) position with both outreach work and supervisory responsibilities.	41,639	5,369	47,008
Sub Total	66,745	5,369	72,114

Benefits

Employer paid benefit for part time employees includes payroll taxes and contribution to ERISA approved retirement plan. Employer paid benefits for full time employees working 40 hours a week include payroll taxes, health and welfare coverage and contribution to ERISA approved retirement plan.

.	17,975	3,198	21,173
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Travel

Reimbursement for local travel on outreach work is currently paid at forty-one cents (.41) per mile.

2,700	2,700
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	PATH Funds	Match	Total
Equipment/Occupancy			
Money allocated for equipment will cover cost of replacing 2 palm pilots at \$125 each.	250		250
Occupancy is allocated office space cost for PATH funded positions based on FTE.		10,191	10,191
This rate has been in effect since 2005. It also includes shared cost of utilities, parking and use of break rooms and meeting rooms.			
Supplies			
This covers printing cost of resource materials for distribution in the community for the access of homeless population and interested parties.		500	500
Contractual Services			
NW Resource Associate- Palm Contract	7,564	2,572	10,136
Liability Insurance			
This covers the cost of premiums for liability (malpractice) insurance allocated based on FTE assigned to the PATH program.		1,885	1,885
Other			
This covers cost of telephone, pager and training provided to employees assigned to the PATH program .		2,931	2,931
Indirect Cost			
Administrative indirect cost based on CMH' Cost Allocation Plan for fiscal year 2011 is 11.9%.			
PATH funded indirect cost (4%)	3,507		3,507
Indirect cost covered by match (7.9%)		6,926	6,926
Totals	98,741	33,572	132,313

NOTE: Office space, liability insurance, telephone, pager, training are consolidated in line item "Other" on CMH' SF424. *Please see sub contractor's budget narrative for details of their budget.

Comprehensive Mental Health
PATH Application Match Statement

Comprehensive Mental Health's match of \$31,000 includes a portion of personnel and benefits costs, office space, supplies, telephone, professional liability insurance coverage, training provided to employees assigned to the PATH program and administrative cost in excess of the 4% paid by PATH funds. Our match is funded with income from our rental property.

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Greater Lakes Mental Healthcare is a private, non-profit mental health organization (501c3) that was incorporated in 1965 and has become a comprehensive mental healthcare center that is comprised of approximately 264 staff members (171 full time and 93 part-time) and five major operating divisions. These include Adult, Elder and Residential Services; Child and Family Services; Access Center; Medical Services; and Administrative and Business Services. In addition to outpatient services we also own, rent and/or oversee 222 residential placements for consumers at various levels of intensity. These include 51 HUD Housing First funded beds, 40 additional HUD beds, 66 semi-independent living beds, 33 intensive services' placements (Adult Residential Treatment Facilities - ARTFs), and 32 group care beds. During calendar year 2010 Greater Lakes provided 73,829 hours of service to 9,335 persons.

Greater Lakes, one of three community mental health organizations in Pierce County, primarily serves the southwest and eastern portions of Pierce County with PATH funding. This includes the cities of Lakewood, University Place, Steilacoom and Puyallup, unincorporated Parkland and Spanaway, and large rural areas. We also provide outreach in City of Tacoma as needed.

2. Indicate the amount of federal PATH funds the organization will receive.

Greater Lakes will receive \$96,938 in base funding, \$8,064 for the Palm contract, \$250 for Palm equipment for a total of \$105,253. The agency will be required to have \$35,786 in matching funds. (NOTE: Greater Lakes is aware of the probable switch from Palm Pilots to HMIS, and currently use HMIS for our HUD programs)

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a.1 The projected number of adults clients to be contacted using PATH funds.

Greater Lakes expects to provide 580 clients with PATH funded services in the coming year,

- a.2 Projected number of adult clients to be enrolled using PATH funds.

174 of those 580 clients are projected to be enrolled.

a.3 Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

75% of the 580 individuals (435) are projected to be "literally" homeless.

a.4 Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

The PATH Team continues to be assertive in locating encampments by its own observations and from information provided by other consumers, other organizations and the general public. We provide active outreach to these sites as well as connect with those who are literally homeless at the sites listed in section a.5 (below).

We are vigilant in assessing homeless consumers who qualify for Veteran benefits and providing them with resources and information as well as offering support and advocating on their behalf. PATH routinely refers to Associated Ministries' Access Point 4 Service for appointments to find permanent housing, and also continues to refer to Metropolitan Development Council for the homeless who are interested in chemical dependency services.

a.5 Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Our team has, from its inception, targeted our program for street outreach and case management as priority services. As we've expanded into East Pierce County the team has begun to regularly attend the "Freezing Nights" gatherings and the Armory dinner in the Puyallup/Eastern Pierce County area. As a result of those targeted outreaches the team has made contact with 33 new individuals, and has been meeting at least weekly with 10 or those for case management/mental health services. The PATH team will soon start attending AMITY, in Puyallup, two of the four Sundays per month, to continue seeking out persons experiencing homelessness for direct services or for those who need services in order to link them to other county services. PATH will also be going to area Food Banks throughout Lakewood and Eastern Pierce County to make contact with single adults and families and explain how PATH may be able to assist them. We will also make our presence known to the upcoming Summer meals programs that will be offered in Puyallup and will continue to offer training to increase the awareness of community organizations, such as local churches, the Puyallup Police Department, and libraries, about our team's availability. The PATH Team continues to be assertive in locating

encampments by its own observations and from information provided by other consumers, other organizations and the general public.

a.6 Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Several Administrative staff are already using HMIS to record data for other contracts. We have talked with Greg Theurer about our current set-up, and put him in contact with our local county HMIS administrator. Our goal is to facilitate having the PATH HMIS utilize the same system as our other contracts, with similar processes.

We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

In 2010 local PATH-funded staff attended Palm Pilot training, 2010 Homeless Conference, and the PATH Annual Meeting, and the PATH team leader attended the State Coalition for the Homeless Conference in Vancouver. Greater Lakes paid the expenses related to these trainings. Greater Lakes does not currently provide any evidenced-based practices for its PATH program.

a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Greater Lakes currently supports training for implementation of HMIS training and activities to migrate PATH data into HMIS. We anticipate support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

Greater Lakes currently has four staff trained on and using HMIS, including two administrators. Those staff would be available to train and assist PATH clinicians.

b. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

- Outreach services
- Screening and diagnostic treatment services
- Habilitation and rehabilitation services
- Community mental health services

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- Alcohol or drug treatment services
- Staff training
- Case management
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act

For the coming contract year Greater Lakes is requesting to continue our contract for 2.15 FTEs. Two clinical case managers will provide the outreach and case management functions at a total of 2 FTEs, and the team leader/supervisor will be allocated at .15 FTE to coordinate services and provide back-up. This staffing distribution allows for flexibility in terms of scheduling, back up for vacations or sick leave, and the availability for two people to go out on high-risk outreaches together. The PATH team will also work closely with Greater Lakes staff that provide case management services to Housing First residents. This promotes a smooth transition for PATH clients to move into enrolled services and/or into Housing First, allowing for seamless services that minimize interruption and engagement difficulties. Once clients become eligible for Medicaid and are enrolled in services, they'll be referred to a case manager in the Adult, Elder and Residential program for ongoing services.

- Outreach Services:

All potential clients are provided with outreach services during scheduled days and times of day that are strategically determined according to where and when potential clients are most likely to be found. It is important to note that over time the Greater Lakes' PATH services have become well-known in our service area and the team now receives numerous referrals from community members alerting them to the location of persons who may need the services. These community sources include hospitals, crisis intervention services, social services organizations, the City of Lakewood staff, the police, and the Rescue Mission. We're continuing to have direct calls and walk-ins from the population of persons experiencing homelessness. We have become active in providing services in City of Puyallup and other parts of east Pierce County, including Eatonville, Sumner, and Orting.

The team has provided active outreach in East Pierce County this past year to "advertise" PATH services to clients and to providers. These outreaches include weekly visits by staff to Puyallup's Freezing Nights program and regular attendance at a dinner program for families and individuals experiencing homelessness in Puyallup. Staff also continue to outreach to parts of the service area where homeless people tend to congregate, and as time is available they search around these wooded areas, empty lots, bus depots, dumpster areas, areas behind businesses, around taverns and

convenience stores, around abandoned properties, and along railroad tracks, where they are likely to encounter people who need PATH services. The staff attempt to engage these individuals by introducing themselves and their services, asking about their needs, often offering referrals to shelters and for other basic needs. They sometimes provide items such as clothing, food, tarps, bus tickets, and may refer people to a medical clinic or to an Emergency Room, Evaluation and Treatment Centers, Recovery Response Center or detox when necessary.

- Screening and diagnostic treatment begin at first contact when an individual is willing to engage with the PATH team. It is conducted by the professionally trained team members who gather information about the life situation, history and functioning of the homeless individuals, with the goal of acquiring specific diagnostic information that is used to develop a service plan for those who agree to enroll in PATH services. The screening information is collected on the PATH Program Initial Service Record, and includes a description of their presenting issues, their functioning (including physical maintenance, motor behavior, verbal skills, public behavior, physical health, attitude and motivation, social interaction and independent living skills), substance use and treatment history, assessment of survival needs, a summary of current and past mental health treatment, their mental status, and a service plan, developed in collaboration with the individual, and based on the needs determined from the preceding information. Screening also includes an assessment of any funding streams for which the homeless individual is eligible.
- Habilitation and rehabilitation services provide and link the homeless individual to services such as medical referrals, funding entitlements, residential placements, detox or substance abuse treatment, that assist him/her in meeting the needs that were identified in the service plan. Many of these services are available only to individuals with Medicaid coverage, though crisis intervention is available for any individual regardless of funding. Crisis intervention is provided by PATH case managers, by referral to the Mobile Outreach Crisis Intervention team, or, for PATH clients enrolled in Greater Lakes outpatient services, from the outpatient case management team.
- Community mental health services are available when the homeless individual meets State Access to Care standards and is funded through Medicaid. In that situation he/she will be closed out of the PATH program, and enrolled in Greater Lakes' or Good Sam's community mental health services, which gives them access to services that include treatment for co-occurring disorders, medication assessment and management, clinical case management, and housing.

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- Alcohol or drug treatment services are conducted through referral and/or transporting clients to the Sobering Center and to the Tacoma Detoxification Center. Outpatient treatment services are most often provided through The Center, a program of Metropolitan Development Council or Pioneer Human Services.
- Staff training is provided to Greater Lakes' staff and other community providers to inform them about the availability and range of PATH services, and to offer support and education on working with homeless individuals. This past year the staff has again provided training to the volunteers who participated in Pierce County's Homeless Count. PATH staff attended Palm Pilot training, the 2010 Homeless Conference, and the PATH Annual Meeting. PATH staff have also met this year with Good Samaritan Behavioral Healthcare's team leaders to inform them of the availability of services. Finally, the PATH team leader attended the State Coalition for the Homeless Conference in Vancouver.
- Supportive and supervisory services in residential settings have been provided in the past year to HUD 5, HUD 6, HUD 7 and City Encampment programs, which are Housing First programs for clients that are experiencing chronic homelessness. In all of those venues the PATH staff are available to assist with case management services that help keep the clients housed.
- Case management services are provided by the PATH team, who are trained clinical case managers, and understand and work with enrollment criteria and processes every day. Currently, staff members provide case management to Housing First clients who have been housed a year or less, on an as-needed basis. The expanded PATH team also works closely with Housing First case managers to coordinate seamless services.

Through case management the staff help homeless individuals obtain the following:

- Funding: Case managers have been trained to enhance their knowledge of funding resources. They assist PATH clients in filling out application forms and transport them to appointments at DSHS as needed. Additionally Greater Lakes has a case manager whose time is dedicated to helping clients navigate through the funding systems. This person is available either to consult with PATH staff and clients, or, when PATH clients are enrolled in services, he can work directly with them to help secure funding.
- Primary health services: Clients are referred to Healthcare for the Homeless, Community Health Care or urgent care centers for health needs.
- Job training: Clients are referred to Labor Ready for procurement of short term employment. For those enrolled in Greater Lakes

services, case managers can connect them with Department of Vocational Rehabilitation Services (DVR). DVR staff are available on site at Greater Lakes every two weeks and they can meet with clients, including PATH clients, to orient them to the options available through their program.

- Education services are provided through Pierce College's supported education program for those clients expressing interest in educational pursuits.
 - Housing services, as well as basic needs such as socks and hygiene supplies, can be provided through Greater Lakes' PATH or Housing First programs. PATH clients who are enrolled in mental health services are also eligible for a full range of housing options tailored for their specific needs. The PATH team is actively working with the Puyallup Homeless Coalition around their efforts to develop housing for the homeless in East Pierce County.
- c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Metropolitan Development Council (MDC) is a Community Action Agency that is a key partner with Greater Lakes on several housing initiatives, including the HUD funded Housing First. MDC's Healthcare for the Homeless Program provides medication assessments, and prescriptive and case management services. Pierce County's Detox Program, The Center, and The Sobering Center are all programs operated by MDC that are utilized for PATH clients.

The City of Tacoma's Human Rights and Human Services Department has contracted with Greater Lakes and MDC, to provide outreach, engagement, housing, and case management services to the homeless people who have been uprooted from various homeless camps around Tacoma (City Encampment Project). The PATH team provides the outreach and engagement, securing housing for those who qualify, and then transferring them to case managers for ongoing support and to teach skill building. The Comprehensive MH PATH team is also a part of the outreach and engagement effort of this project.

Department of Corrections provides referrals to the PATH program and case managers work with those referred individuals to help them get funding.

Community Health Care (CHC) provides no cost or low cost medical and dental care. There are four CHC clinics in the Greater Lakes service area.

Recovery Response Center (RRC) is utilized for short placements for homeless clients in psychiatric crises. Additionally RRC will potentially make referrals to PATH staff on homeless clients referred to them.

The Center and Pioneer Human Services are both utilized as resources for clients with substance abuse issues.

A working relationship has been developed with Lakewood Area Shelter Association (LASA), which works primarily with homeless families providing transitional and emergency housing. This will allow for cross referrals and may provide an opportunity to share resources. The Executive Director of LASA is a member of the PATH Advisory Committee.

The PATH program has, and will continue to, collaborate with the “Outside In” program in its system change initiative to end homelessness in Pierce County.

Additional referral sources for PATH clients include emergency rooms and the Mobile Outreach Crisis Team.

d. gaps in current service systems;

1. Housing – There is an inadequate supply of affordable and subsidized housing for homeless clients who are mentally ill and actively abusing substances. This problem becomes even more challenging if the client also has a felony background, as most people with felonies are unable to pass the eligibility screenings required by landlords. Periodically the City of Lakewood will conduct a forced closure of a motel or apartments because of code violations, which results in large numbers of persons becoming homeless in Lakewood all at one time. Addressing the needs of so many people is difficult when the availability of low income housing is at an all time low.

Response: Greater Lakes currently supervises 39 HUD Housing First beds, another 12 Housing First beds funded through the City of Tacoma Encampment Project, and also has access to some of the 49 Housing First units supervised by Metropolitan Development Council, our collaborative partner Housing First projects.

As one long term solution to the problem of trying to house consumers who cannot pass screening by commercial landlords, Greater Lakes has opened “Spanaway Commons”. Funded by HUD, the Housing Trust Fund, HOME funds, and SB 2060, this 16 unit apartment complex houses single adults with a serious and persistent mental illness who are also experiencing chronic homelessness. The Housing First model is used to place tenants and to provide services, and the complex has a dedicated case manager to provide supportive services to the residents. This

complex is located on land adjacent to two other Greater Lakes' owned properties in Spanaway. The building opened in June, 2009.

PATH staff continues to provide education to current landlords, helping them distinguish between individuals with felonies that would pose a risk versus those whose behavior is at minimal risk because of behavioral changes and supports that have been put into place for them.

2. Supplies -- It is helpful to have supplies available to meet client needs. These items include clothing, socks, tarps, shoes, wet and cold weather gear, and hygiene supplies. There is no regular source of funding to purchase these items and requests for donations do not always keep up with need. Response: Funding for supplies remains a challenge. Within available resources we utilize PATH funding and occasionally, community donations, to purchase supplies. The Puyallup FISH Food Bank has become a partner for supplies in East Pierce County. New resources for supplies continue to need to be developed in the entire area served by Greater Lakes' PATH team.

3. Funding restrictions for non Medicaid clients – Changes and restrictions in the use of Medicaid funding have eliminated the ability to provide mental health services to PATH clients unless they currently receive Medicaid. It is difficult to help clients get their mental health symptoms under control when they don't have access to ongoing mental health and prescriptive services. Huge cuts in Disability Lifeline funding are another significant concern. Response: PATH staff attempt to connect clients with community services whenever possible. Referrals for prescriptive services are made to the Healthcare for the Homeless program for clients willing to participate. PATH staff also connect eligible clients to Social Security and for medical, psychiatric and dental services through Community Health Care. Most importantly the PATH staff screens all willing clients for Medicaid eligibility and assists them in completing required paperwork and following up on appointments.

4. Lack of homeless shelters and camping areas in service area - There are no community supported shelters for individual adults in the communities served by the Greater Lakes PATH team and unapproved camping areas are regularly closed by law enforcement. City of Tacoma does have homeless shelters but many clients in Greater Lakes' service area do not want to go to downtown Tacoma. Response: PATH staff has an established relationship with local law enforcement to determine the best way to meet both the city's needs and the needs of the homeless who have a presence in the community. We work proactively with police and with City of Lakewood staff to quickly screen and address the needs to homeless individuals they become aware of in their work. Representatives from the Lakewood Police

Department and the City of Lakewood's Human Services Department serve on the PATH Advisory Committee to help facilitate these services. The Share and Care Director from Puyallup is a new member of the Advisory Committee.

5. Lack of coordination of efforts between mental health and local law enforcement to address issues related to the homeless mentally ill population.

Response: As noted in #4, a Lakewood police representative serves on the PATH Advisory Committee to assist in increasing coordination and understanding of the program and its challenges. The PATH team periodically provides education to the police and City of Lakewood and Puyallup staff, on services provided through PATH. Coordination with police in Eatonville has occurred this past year, and it is expected that additional collaboration with other rural police departments in East Pierce County will take place in the coming year.

- e. services available for clients who have both a serious mental illness and substance use disorder;

Greater Lakes Mental Healthcare operates from the assumption that many adults requesting services have both a mental illness and a substance use disorder. For homeless individuals who have not voluntarily sought out services, it is even more common that both diagnoses are present. Our philosophical approach stems from the belief that both are primary illnesses and each needs treatment from a compassionate professional who has the capacity to see the whole person in all their hope and distress. 100% of the adult case managers and residential staff, including the members of the PATH team, have training in assessing and addressing substance use disorders in individuals who also suffer from a mental illness. Those who need inpatient treatment or who have very complex chemical dependency treatment needs are often referred to adjunct treatment by a specialist, but we continue to serve them at Greater Lakes as well. Because the PATH program is closely linked with the Adult, Elder and Residential program, this allows for flexibility to meet the most intensive needs presented by the clients. The program also has direct access to Housing First apartments if a client is willing to move to safe housing and can pass the required background screenings. In addition to these internal programs, the PATH team does whatever possible to help clients become eligible for Social Security or Medicaid, and when funded, a range of services is available to help them work through their co-occurring issues, including programs provided by ADATSA. Staff also utilize referrals to Detox, the Sobering Center, Pioneer Human Services and Recovery Response Center as appropriate to the situation.

- f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

Greater Lakes has HUD contracts for a total of 39 Housing First beds, and access to another 49 Housing First beds through collaboration with MDC. The Spanaway Commons project added another 16 beds when it opened in June 2009. In addition there are 12 beds available for clients seen through the City of Tacoma Encampment Project. If the client has Medicaid or we're able to assist them to become eligible, they can then be enrolled in State funded Community Support services and have access to numerous HUD housing options through Greater Lakes controlled beds., as we as to a continuum of residential options that range from ARTF (Adult Residential Treatment Facilities) to independent housing. Because Puyallup does not currently have the range of homeless housing resources available in Lakewood, it is more challenging to secure suitable housing for a PATH clients in that area.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Greater Lakes staff actively participates in the Pierce County Homeless Coalition meetings, with representation provided by the PATH Team Leader. Participation in these meetings has been critical in the development of active partnerships for grant applications which have subsequently allowed us to expand our agency's housing options. These meetings also provide education for the community on how our agency is addressing the issue of homelessness in our service area, provides valuable opportunities for coordination with law enforcement and the Veterans Hospital, and gives us a forum to learn about community housing resources from other providers, particularly about resources for segments of the population not typically served by our organization such as children.

As a part of expansion into East Pierce County, representatives from the Greater Lakes PATH team are working with the Puyallup Housing Coalition and the Share and Care program that have access to limited housing resources.

The PATH team also continues its involvement in the outreach and engagement efforts for the Tacoma City Encampment Project (CEP), working closely with City of Tacoma staff, MDC, Comprehensive PATH team, and Tacoma Police as needed.

The Greater Lakes' PATH Team again participated in the 2010 Project Homeless Connect.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: “SAMHSA Guidelines for Cultural Competence.”)

Greater Lakes Mental Healthcare is located in Lakewood, WA and primarily serves Lakewood, Parkland, Spanaway, Roy, Steilacoom, Fort Lewis, McChord Air Force Base, Puyallup, and University Place. With a population of over 200,000 persons (2000 census), this represents over a quarter of Pierce County’s population. The area is widely divergent in terms of socioeconomic status, from pockets of the wealthiest persons in the County, to large areas of the poorest in the County, particularly in sections of Lakewood, Parkland, and Spanaway. Lakewood, Parkland and Spanaway are also more ethnically diverse than Pierce County as a whole, as described in the chart below (2000 census)

Ethnicity	Pierce County	Lakewood	Spanaway	Parkland
White	78%	64.82%	71.13%	73.91%
Black/African. Am.	6%	12.25%	9.11%	8.07%
Am. Indian-Alaska native	1%	1.55%	1.61%	1.04%
Asian	5%	8.95%	6.34%	6.64%
Pacific Islander	<1%	1.84%	2.12%	1.81%
2 or more races	5%	3%	3%	3%
Some other race	2%	3.55%	2.15%	2.06%
Hispanic or Latino of any race	6%	8.49%	5.49%	5.33%

The 2009 homeless count indicated that 2083 men, women and children were homeless in Pierce County, with 221 people chronically homeless and unsheltered; it is thought by those who work closely with the population that hundreds more are at imminent risk of homelessness.

Greater Lakes’ PATH team is currently comprised of a female team leader and two female outreach workers. The team has access to a range of specialists to provide consultation on age, cultural and disability issues. We’re strongly aware of underserved populations, particularly in East Pierce County, and especially for persons who speak Spanish. Staff recruitment in the past year has been limited to in-house applications only, but it is our goal for future recruitments to actively seek out bi-lingual/bi-cultural candidates by making these qualifications a requirement of the position. We would hope to enlist the assistance of State and County PATH administrators for direction in how to best accomplish that targeted recruitment.

Greater Lakes has an extensive program to enhance the cultural competence of its staff, and PATH funded staff are required to participate in the program. Our educational program for “Cultural Issues in Mental Health Treatment” has the following objectives;

- Identification of the major racial and ethnic groups in the United States
 - How cultural differences impact coping styles
 - Culturally specific psychiatric syndromes or idioms of distress
 - Epidemiology and utilization of mental health services among the major racial/ethnic groups
 - Barriers to treatment for minority groups
 - How ethnic and cultural influences can alter an individual’s response to medication treatment.
6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

The Greater Lakes’ PATH Advisory Board meets quarterly. The Board is seen as an important component of PATH with the Board members serving as “Ambassadors” for the homeless in our community and for efforts of community providers to meet their needs. It is also hoped that the Advisory Board members will help with community education about the PATH program and the issues around homelessness, and will help provide input on how to deliver services that are effective and efficient.

The Advisory Board is currently comprised of representatives from Pierce County Community Connections, local law enforcement, City of Lakewood, Puyallup’s Share and Care program, Lakewood Area Shelter Association, and two consumers. OptumHealth Pierce RSN staff and representatives from Puyallup have also been invited to participate in this committee.

**Washington State PATH Application 2011
Pierce RSN -- Greater Lakes MHC**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$56,765.00	\$26,508.00			\$83,273.00
b. Fringe Benefits	\$19,865.00	\$9,278.00			\$29,143.00
c. Travel	\$3,100.00				\$3,100.00
d. Equipment	\$250.00				\$250.00
e. Supplies	\$10,760.00				\$10,760.00
f. Contractual	\$7,601.00				\$7,601.00
g. Construction					\$0.00
h. Other	\$2,400.00				\$2,400.00
i. Total Direct Charges (sum of 6a - 6h)	\$100,741.00	\$35,786.00			\$136,527.00
j. Indirect Charges	\$4,048.00				\$4,048.00
k. TOTAL (sum of 6i and 6j)	\$104,789.00	\$35,786.00			\$140,575.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

Washington State 2011 PATH Application
Pierce County RSN—Greater Lakes Budget Narrative 2011

Budget Narrative for 424A, Section B
Greater Lakes Mental Healthcare - Pierce
2011

Personnel

<u>Position</u>	<u>Annual Salary</u>	<u>PATH-funded FTE</u>	<u>PATH-funded</u>	<u>Match</u>	<u>Total</u>
Team Leader	\$54,000.00	.15	\$ 8,100.00		
Case Manager	\$33,665.00	1.00	\$ 33,665.00		
Case Manager	\$30,000.00	1.00	\$ 15,000.00	\$ 15,000.00	
Case Manager	\$30,500.00			\$ 11,508.00	
Enter subtotal on 424A, Section B, 6.a.					\$ 83,273.00

Fringe Benefits

@35%		\$ 19,865.00	\$ 9,278.00	
Enter subtotal on 424A, Section B, 6.b.				\$ 29,143.00

Travel

Path Van expenses:				
Auto Insurance		\$ 1,600.00		
Mileage		\$ 600.00		
Maintenance and Repair		\$ 900.00		
Enter subtotal on 424A, Section B 6.c.				
				\$ 3,100.00

Equipment

Palm Equipment		\$ 250.00		
Enter subtotal on 424A, Section B 6.d.				
				\$ 250.00

Supplies

Client Related Supplies		\$ 3,500.00		
Office Supplies & Misc.		\$ 2,760.00		
Liability, Property Insurance		\$ 1,300.00		
Occupancy		\$ 1,400.00		
Telecommunications		\$ 1,800.00		
Enter subtotal on 424A, Section B 6.e.				
				\$ 10,760.00

Washington State 2011 PATH Application
Pierce County RSN—Greater Lakes Budget Narrative 2011

Budget Narrative for 424A, Section B
Greater Lakes Mental Healthcare - Pierce
2011

	<u>PATH-funded</u>	<u>Match</u>	<u>Total</u>
Contractual			
Palm Pilot data collection through NW Resource Associates	\$ 8,064.00		
Enter subtotal on 424A, Section B 6.f.			\$ 8,064.00
Other			
Information Technology	\$ 2,400.00		
Enter subtotal on 424A, Section B 6.h.			\$ 2,400.00
Total Direct Charges (sum of 6a -6h)			
Enter totals on 424A, Section B, 6.i.	\$101,204.00	\$ 35,786.00	\$136,990.00
Indirect Costs			
Administration @ 4%	\$ 4,048.00		
Enter subtotal on 424A, Section B, 6.j.			\$ 4,048.00
Total (sum of 6i and 6j) –			
Enter totals on 424A, Section B, 6.k.	\$105,517.00	\$ 35,786.00	\$141,501.00

Washington State 2011 PATH Application
Southwest RSN Cover Letter 2011



Human Services Department

1952 9th Avenue
Longview, WA 98632
TEL (360) 501-1201
FAX (360) 501-1207
TDD (360) 577-3061
www.co.cowlitz.wa.us/humanservices

Board of County Commissioners
Kathleen A. Johnson District 1
George Raiter District 2
Axel Swanson District 3

March 10, 2011

Hank Balderrama
Division of Behavioral Health
PO Box 45330
Olympia, WA 98504

RE: 2011 PATH APPLICATION

Dear Mr. Balderrama,

Southwest Regional Support Network is applying to continue as contractor for the PATH program in this area. Services are subcontracted to Lower Columbia Mental Health Center which is a licensed Community Mental Health Agency. All funds received for PATH (\$49,213.00) will be provided to Lower Columbia Mental Health Center along with the required match (\$16,732).

All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "MB", is written over the word "Sincerely,".

Marc Bollinger, LICSW, CMHS, GMHS
SWRSN Administrator
1952 9th Ave
Longview, WA 98632
360-501-1235

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Southwest Regional Support Network will receive the PATH funds from the State. PATH services will be provided through a contract with Lower Columbia Mental Health Center, a private, nonprofit community mental health center that serves Cowlitz County, Washington. The PATH funds will be used to serve homeless persons in Cowlitz County.

2. Indicate the amount of federal PATH funds the organization will receive.

Southwest Regional Support Network is asking for \$49,213 in PATH funds. This amount will be matched with \$16,732 in local funds. (See attached budget)

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. The projected number of adult clients to be contacted using PATH funds and projected number of adult clients to be enrolled in PATH services. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. See the RFA for definition of "imminent risk of homelessness");

For the fiscal year 2012, we anticipate contacting 1,500 clients, or 80% of our County's homeless population. We will enroll 135 people in PATH services. 100% of the people we serve shall be "literally" homeless.

- b. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

The provider will actively engage homeless people in discussions designed to improve the effectiveness of provider's service quality and resonance with target population.

- c. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Street outreach and case management is the provider's primary service. Actual PATH activities will exceed 80% outreach and case management.

- d. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Provider will support staff HMIS training, as available. Within one year, Provider IT and Compliance staff will formally evaluate HMIS implementation. If evaluation shows HMIS is practical, Provider will implement within the following year.

- e. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Provider maintains annual performance evaluation and training plans for PATH staff. Training plans include targeted professional development to enhance the staff's job knowledge and performance. Training topics include evidence-based practices, as well as therapeutic, engagement and motivational strategies.

- f. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Provider supports HMIS education as it is available and within budget realities.

- g. list services to be provided, using PATH funds (see the RFA for PATH eligible services);

- Cowlitz County's PATH services will assist homeless individuals with one or more of the following services:
- Outreach services to homeless individuals at social service agencies, shelters and on the streets
- Mental health and chemical dependency screening
- Referral to community mental health services
- Mental health assessment and treatment
- Referral to alcohol or drug treatment services
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services
- Referrals for benefits, primary health care, job training, educational and relevant housing services, subject to the restrictions noted in the PATH application
- Supportive and supervisory services in residential settings
- Case management, including assisting individuals with access to all of above by encouraging, facilitating, brokering, transporting, and otherwise making it possible for them to access all services for which they are eligible

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- Housing services, including:
 - Planning of housing
 - Technical assistance in applying for housing assistance
 - Improving the coordination of housing services
 - Matching eligible homeless individuals with appropriate housing situations
- h. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Lower Columbia Mental Health Center's PATH Coordinator will assist homeless persons in obtaining all services for which they qualify. Through the PATH program, Lower Columbia Mental Health Center will work actively in Cowlitz County to reduce barriers to service and advocate for all homeless persons. The agency will also work actively to develop housing options, which support the specific needs of homeless individuals suffering from a severe mental illness. In addition, the PATH Coordinator will obtain referrals from, make referrals to, and work collaboratively with organizations that are not supported by PATH funds directly, but that do provide services and housing to PATH-eligible clients. These include but are not limited to:

- Community House on Broadway: a homeless shelter providing temporary shelter, food and case management
- Emergency Support Shelter: a homeless shelter primarily for victims of domestic violence
- PeaceHealth Saint John Medical Center: a medical hospital, including an emergency department, psychiatric inpatient unit and outpatient behavioral health services to low income people
- Drug Abuse Prevention Center: a substance abuse treatment program, with inpatient and outpatient services
- Ethnic Support Council: provides resources to help non-English speaking residents access the community and its resources
- Law Enforcement: provide community safety, and also a vast knowledge of the whereabouts of homeless people in our community
- Veterans Administration, American Legion and other programs serving veterans: medical and behavioral health services for veterans
- Salvation Army: provides daily meals for homeless people
- Emergency Mental Health Services: 24 hour psychiatric crisis response service by outreach or office session
- State of Washington, Department of Social and Health Services: provides medical, dental, food and residential benefits for Washington residents
- Longview and Kelso Housing Authorities: provide low-income and housing options

- Lower Columbia Community Action Program: provides meals, employment, case management, and education services for Cowlitz County citizens
- WorkFirst: provides employment assistance and job availability for unemployed people
- FISH and other local food banks: provide food and some medication assistance

i. gaps in current service systems;

The primary gaps faced by PATH eligible clients in Cowlitz County are:

- The RSN treatment system effectively eliminated outpatient mental health treatment for people without Medicaid and otherwise unable to pay. This is a substantial crisis for the community mental health system. Homeless people, without Medicaid, essentially have no treatment access. This is the first time in memory access has been totally denied to this population.
- In interviews with homeless people and shelters in our community, the most prominent gap they identify is a lack of information about benefits and employment/education support.
- Without PATH, we have a lack of outreach and case management services to engage and support homeless persons. We understand the comprehensive community resources, but lack the staff to assist homeless persons in accessing the resources.
- Cowlitz County has a shortage of affordable housing, which specifically supports a mentally ill, or otherwise compromised, person in maintaining their housing.

j. services available for clients who have both a serious mental illness and substance use disorder;

k. Lower Columbia Mental Health Center provides psychiatric medication, therapy and case management for persons with co-occurring disorders (COD). PeaceHealth's Center for Behavioral Solutions provides similar mental health treatment services. Lower Columbia Mental Health Center has a co-occurring disorders (COD) counselor, whose primary job is to assess and treat CODs, as well as collaborate on each case with the appropriate substance abuse provider. Our services are provided under a Washington mental health license and under the supervision of a Mental Health Professional.

l. We work closely with the substance abuse treatment provider in town, Drug Abuse Prevention Center. Our goal is to provide integrated behavioral health treatment. To this end, Lower Columbia Mental Health Center, Drug Abuse Prevention Center and Family Health Center have formed a Strategic Alliance to provide a comprehensive, integrated

approach to health care for the mind and body. This affords all our clients excellent access to available safety net health care.

- m. The PATH Coordinator will be trained in mental health and substance abuse counseling, as well as case management, and will be able to assess the clients' needs on an individual basis. The Coordinator will be familiar with available mental health and substance abuse treatment services and will establish liaisons with each service. The PATH Coordinator will be able to triage the treatment needs of the client, including crisis situations and motivation to change, and coordinate services as appropriate. If the individual is already engaged in treatment services, the PATH Coordinator will be able to provide collaborative support. If the individual is not in services, support in accessing treatment will be provided if the individual so chooses. In any case, the Coordinator will advocate for the client and coordinate with other agencies and individuals to provide for the client's individual needs and best interests.
- n. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);
- o. The PATH Coordinator will meet with individuals at shelters and through community outreach to homeless individuals living on the streets, in campgrounds, etc. We will provide individual and group assistance in accessing funding, applying for subsidy programs, and completing Section 8 and other housing applications. Depending on the individual's needs, the PATH Coordinator will assist individuals in locating housing by identifying consumer-friendly landlords, accompanying the individual when applying for assistance, filling out and submitting rental applications, and other tasks that will help overcome barriers to suitable housing.
- p. Lower Columbia Mental Health Center will serve on the Cowlitz County Continuum of Care Planning Committee and the Cowlitz County Housing First Committee, which directly seek to provide housing and other services for homeless persons. Lower Columbia Mental Health Center will actively seek additional collaborative partnerships to develop suitable housing for the homeless. The agency will specifically address housing development for homeless individuals with mental illness or co-occurring disorders as a goal on the agency's strategic business plan.

In September 2004, Common Ground met with leaders of Cowlitz County to develop a plan to end homelessness. Social service leaders, Chiefs of Police and government leaders were in attendance. The level of attendees shows the positive commitment by Cowlitz County leaders to end homelessness. The former Mental Health Division sponsored the consultation. The ideas developed in that day have remained in the minds

of attendees, as many people are now talking about the use of “housing first” concepts.

3. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Through the development of collaborative relationships with community organizations such as those listed in Question “3C” above, the PATH staff person will (1) receive referrals from these agencies, (2) refer PATH clients to these agencies, and (3) provide active advocacy and follow-up to ensure coordination of care. When an individual is identified who meets the criteria of being homeless, the PATH Coordinator will provide outreach and case management services to engage the individual, to address their immediate housing and treatment needs, as well as to assist them in obtaining other resources such as entitlements and vocational counseling. The PATH Coordinator will coordinate care with those agencies, obtaining releases of information when necessary. Finally, through ongoing participation in Cowlitz County’s Continuum of Care meetings, we will remain informed of, and be able to inform other participating agencies of, any opportunities to improve client outreach and care. Beyond the Continuum of Care group, the PATH Coordinator will actively develop partnerships, which seek to end homelessness. Lower Columbia Mental Health Center, and the PATH Coordinator, will be seen as community leaders in advocacy for ending homelessness.

4. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: “SAMHSA Guidelines for Cultural Competence.”)

Cowlitz County has approximately 101,000 residents. We have 4% fewer high school graduates than the state average, and less than half the state average of people having bachelor’s degrees. The state average of persons below poverty is 11.3%, while Cowlitz County stands at 14.8%. Our median household income is roughly \$11,000 less than the state average of \$58,081. From 2001 to 2005, Cowlitz County twice had the highest annual crime rate in the state, averaged second over the five years and exceeded the state crime rate by an average 15 crimes per capita.

Cowlitz County’s population ethnicity:

White persons	93.4%
Black persons	0.9%
American Indian and Alaska Native persons	1.7%
Asian persons	1.5%
Native Hawaiian and Other Pacific Islander	0.2%

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Persons reporting two or more races	2.5%
Persons of Hispanic or Latino origin	7.2%
White persons not Hispanic	87.0%

Lower Columbia Mental Health Center has several mental health specialists on staff (Child, Older Adult, Southeast Asian/Pacific Islander). In addition, the agency contracts with, and staff receive consultations from minority mental health specialists (Developmental Disabilities, African American, Native American, Southeast Asian, Deaf, Alternative Lifestyles and many other cultures) whenever we serve clients from those populations. Interpreters are available for all languages of existing populations in Cowlitz County, as well as many more. According to agency policy and procedure, all staff are trained at least yearly to provide services that are age, gender and culturally sensitive. We maintain a close working relationship with the Ethnic Support Council in our area.

5. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

We seek the direct input of our homeless citizens in developing the PATH services. However, we do not currently employ PATH eligible persons.

Lower Columbia Mental Health Center subscribes to a culture of continuous quality improvement, which includes client voice. We are partners in care with our clients. To operationalize our commitment to consumer voice, our Board of Directors has a position filled by a consumer and our policies and procedures governing our care require inclusion of consumer voice. Our Customer Advisory Council is comprised totally of customers, who provide feedback the mental health system and our care. Client input is noted on all treatment plans, and clients are asked to sign their treatment plans. If awarded a PATH grant, we will include consumers directly in the development and ongoing quality assurance of our program through surveys and direct discussion depending on the comfort level of the clients.

With 100% compliance, we inform every client of their rights under the law to treatment, confidentiality and non-discrimination and gain the clients' consent for services.

The agency views families as valuable supports and routinely encourages individuals to involve family and/or other social support in their treatment. Releases of confidential information are required before communicating with agencies or individuals, so involvement is with full permission of the client. Clients who are disenfranchised from their families are encouraged to engage

the support of their social families. The PATH Coordinator will act in accordance to the client's wishes to involve the family in identifying strengths, financial or other needs and housing possibilities.

Cowlitz County Background Statement

Cowlitz County is facing a crisis with its homeless population. According to the Department of Social and Health Services' report, *The Prevalence of Serious Mental Illness in Washington State*, and 2000 census data, Cowlitz County has the 3rd highest per capita homeless population in the State of Washington. Of Washington Counties, Cowlitz is estimated to have the 7th highest total population of homeless persons, and 7th highest total population of homeless persons with severe mental illness. Cowlitz has 1,864 homeless persons (396 children, 1,468 adults, estimated 604 with severe mental illness).

Community House on Broadway is the only homeless shelter in Cowlitz County and has 48 rooms available.

Here are some other issues setting Cowlitz County apart (based on 2004 data):

- Cowlitz County leads the State of Washington in unemployment, which is largely recognized as a primary reason for our increase in homelessness.
- The percent of population in Cowlitz County living in poverty is above the Washington State and U.S. average.
- 16% of Cowlitz County's population does not have insurance, compared with 13% in the State.

Cowlitz County has a HUD Continuum of Care Plan Committee, which operates as part of the Balance of Washington State Continuum. The Continuum of Care Committee consists of social service organizations, government and other interested persons working in concert to plan and carry out activities serving the homeless and those at risk of homelessness.

Cowlitz County is faced with serving an unprecedented number of homeless persons. Our community resources available to serve homeless people are stretched beyond their limits. We are coming together as a community to serve the homeless with care and compassion. We appreciate your consideration of our PATH grant proposal. We see PATH services as an extremely necessary resource in our community. We hope you agree.

We are lucky to have a long list of collaborative partners in addressing Cowlitz County's homeless crisis. Upon request, we can offer letters of support for our PATH Grant Proposal from homeless individuals, Longview Mayor and City Council, Longview Police, Kelso Police, Cowlitz-Wahkiakum Council of Governments, Cowlitz County Health and Human Services Department, substance abuse treatment providers, community mental health treatment providers, local businesses, Cowlitz HUD Continuum of Care Committee, Cowlitz Housing Committee, Substance Abuse Coalition, and the list goes on.

For more information or letters of support on Cowlitz County's homeless situation and our need for PATH services, please contact Eric Yakovich, Chief Executive Officer of Lower Columbia Mental Health Center, at (360) 577-0249 ext.111, or eric.yakovich@ccgacares.com. Mr. Yakovich will be happy to answer any questions regarding our PATH proposal.

**Washington State PATH Application 2011
Southwest RSN - Lower Columbia Mental Health Center**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$32,400.00				\$32,400.00
b. Fringe Benefits	\$9,553.00	\$2,259.00			\$11,812.00
c. Travel	\$1,910.00				\$1,910.00
d. Equipment	\$250.00				\$250.00
e. Supplies					\$0.00
f. Contractual	\$3,544.00				\$3,544.00
g. Construction					\$0.00
h. Other	\$0.00	\$7,918.00			\$7,918.00
i. Total Direct Charges (sum of 6a - 6h)	\$47,657.00	\$10,177.00			\$57,834.00
j. Indirect Charges	\$1,340.00	\$6,555.00			\$7,895.00
k. TOTAL (sum of 6i and 6j)	\$48,997.00	\$16,732.00			\$65,729.00
7. Program Income					

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

PATH 2011 Budget Narrative

Single Provider

	Path Funded	Match-Funded	Total
a. Personnel is for one full time Case Worker with an annual salary of \$31,000.	\$32,400		\$32,400
b. Fringe Benefits cover Case Worker's benefits.	\$9,553	\$2,259	\$11,812
c. Travel is for gas and van maintenance.	\$1,910		\$1,910
d. Pal pilot equipment (2 units)	\$250		\$250
e. Supplies			\$0
f. Northwest Resources Assc. Collection is for data collection services.	\$3,544		\$3,760
g. Construction			\$0
h. Other includes housing, tech. asst., mental and physical health program services, and emergency housing.	\$216	\$7,918	\$7,918
i. Indirect Charges (Provider & RSN Admin. Meetings and Overhead)	\$1,340	\$6,555	\$7,895
j. Total	\$49,213	\$16,732	\$65,945



CHRISTINE BARADA
COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT
DIRECTOR

March 24, 2011

Hank Balderrama
Program Administrator
Division of Behavioral Health and Recovery
Department of Social & Health Services
P.O. Box 45330
Olympia, WA 98504

Dear Mr. Balderrama:

Subject: Washington State PATH Application 2011 - Spokane County RSN

Attached is the completed application for FY 2011-2012 for the PATH (Projects for Transition from Homelessness) contract from the Spokane County Regional Support Network (SCRSN). This includes the IUP, the completed SF-424 Budget Sheet, Budget Narrative, and the Indirect Costs Certificate. Our sub-contracted service provider will again be Spokane Mental Health. They will receive 100% of the funding provided through this contract.

The responsibility for matching funds will be borne by both SCRSN and Spokane Mental Health. We assure at least a 1: 3 match of funding dollars for the program with a projected total of non-federal dollars of Thirty-six thousand, Two Hundred and Nine Dollars (\$36,209.00). All local match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Sincerely,

Christine Barada
Director

mm

Enclosures: 4

cc: Suzie McDaniel

Washington State 2011 PATH Application
Spokane RSN –Intended Use Plan 2011

Section C: Local Provider Intended Use Plans
2011 – 2012 PATH Application

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, and region served.

Spokane County Regional Support Network (RSN) for mental health services will be the primary recipient of PATH funding. The RSN is a local government agency, operating within the Spokane County Community Services, Housing, and Community Development Department, which funds and provides oversight for public mental health services in Spokane County. The RSN contracts with an experienced local provider to provide services to homeless individuals as prescribed by the requirements of the PATH contract.

Our contractor over the past several years has been Spokane Mental Health (SMH), providing services to consumers as designated by this agreement. SMH is a nonprofit organization, governed by a volunteer Board of Directors, which has provided a broad range of mental health services and co-occurring mental health and substance abuse services for over 40 years. SMH's professional staff members provide quality, culturally appropriate, recovery-based services, which meet state WAC requirements.

2. Indicate the amount of federal PATH funds the organization will receive.

Base Funding	\$ 98,087.00
Palm Equipment	\$250.00
BHR Data Contractor (paid directly by BHR)	\$8,160.00
Total Grant Allocation for Spokane County	\$106,497.00

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a.1 The projected number of adult clients to be contacted using PATH funds.

After contacting 1330 individuals in Spokane County during the previous service year, 2009 - 2010, we are projecting a slight increase of 1350 contacts during the year from October 1, 2011 through September 30, 2012.

- a.2 The projected number of adult clients to be enrolled using PATH funds.

We are targeting enrollment of 170 – 180 eligible clients during the same service period, again an increase from the 161 enrolled in the year 2009 – 2010.

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a.3 The percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Based on trends observed during the current service period and the previous year, we are projecting that 85% of the persons we expect to serve this next year will be literally homeless. Additional detail for this projection is provided on Page 4 of this document.

a.4 Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Activities utilized to maximize the use of PATH funds to serve adults who are literally homeless are described in detail in the following pages of this document and include: Outreach and Engagement, Screening and Diagnostic Treatment, Case Management, Mental Health and Substance Abuse Treatment, and Housing Services, among others.

a.5 Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Working in partnership with our Homeless Outreach Team, contacts and services provided in the field at sites where clients live are the key focus of our program. A high priority of our strategic efforts is working cooperatively with other supportive services in the community to facilitate client recovery through engagement, treatment, and support services for the individual. Again, narrative provided in the following section gives more specific examples of resources and services provided and available to clients.

a.6 Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

This agency is currently providing data through the PATH standards, but is not currently reporting data through HMIS data standards. We had, for several years, been reporting a limited data set to the City of Spokane HMIS system, but they stopped requesting this information. We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7 Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Our service provider, Spokane Mental Health, has incorporated a number of Evidence-Based Practices into their overall service system and has provided internal training as well as paid for external training to support the implementation. Within PATH, Critical Time Intervention (CTI) is the EBP which is most integrated into the program. Ongoing collaboration with our community PACT team (also managed by SMH) & their outpatient co-occurring program ICOS (Integrated Co-Occurring Services) which is designed around the EBP of Integrated Dual Disorders Treatment (IDDT) also benefits individuals served by PATH.

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a.8 Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

This agency currently does not provide for implementation of HMIS training and activities to migrate PATH data into HMIS. Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

During Fiscal Year 2010, Spokane County's PATH Program contacted and served 1,330 individuals, enrolling 161 as PATH clients. These numbers reflect an ongoing trend over the past four years of providing services to an increasing number of homeless individuals. During this period, the number of persons served by the PATH team has increased over 50%, from 974 in 2005-6 to 1330 this past service year.

These numbers are a reflection of the actual way team members engage and serve homeless consumers. Outreach workers are providing an intensive level of services to individuals enrolled in the program. Coordinating efforts with Spokane's Homeless Coalition, our team focuses on engaging homeless individuals with the high levels of need. These are the same consumers who often utilize a large percentage of the crisis resources in our community, individuals who are homeless, frequently mentally ill, and often have co-occurring substance abuse or dependency disorders. In this next year, 2011-12, we will again emphasize the provision of comprehensive services, referring clients to local providers who on their own or in partnership with other programs offer a greater complement of treatment and recovery support services.

During the FY 2011-12 contract period, we are projecting a total of 1350 consumers will be served by this contract.

Working closely with Spokane's Homeless Coalition, our team continues to prioritize engagement of individuals with the highest levels of need, including those who are chronically homeless. These are the consumers who utilize a large percentage of the crisis resources in our community. Recent data indicates that the 3 to 4 % of homeless who experience "chronic homelessness" regularly consume around 50 % of the service resources in this area. Persons served are homeless, frequently mentally ill, have complex medical needs, and often have co-occurring substance abuse or dependence disorders. Whenever possible and appropriate, we will continue to provide comprehensive services through referral to local providers who offer a greater array of treatment and recovery support services. Last year, as a result of this focus, over 20 enrollees who had this level of need were assisted with stable housing and primary care services.

We are projecting a slight shift from previous years in that 85% of the persons we serve will be literally homeless at the time of first contact and 15% will be at imminent risk of homelessness. This includes those who are "couch surfing", have received eviction notices, are approaching the time limit for transitional living placements, or those who have moved from place to place and are likely to continue to do so because of disability/barriers. We recognize that prevention is an important area of focus in progress toward ending homelessness, and a poor economy and lost jobs have added many more to the ranks of those that are homeless and at risk of becoming homeless than were seen in previous years.

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- b. List services to be provided, using PATH funds: Outreach and Engagement: Outreach and engagement services are conducted in a partnership with our Homeless Outreach Team to initiate, develop, and maintain relationships with homeless individuals while meeting immediate needs, offering basic survival services and assisting with transition into housing and other services that attend to other long-term needs of the individuals we serve. The Homeless Outreach Team, which works closely with the PATH Team on a number of tasks, is funded by both a Federal Block Grant and City of Spokane Human Services. Workers meet individuals in the field to develop trust and communication. Easily accessible services are offered to individuals who are initially unwilling to engage in extended care. These activities generally occur at locations such as shelters, meal sites, parks, or campsites. They can include scheduled site visits in response to individual and community needs. Services vary from providing emergency food and clothing or linkage to medical care, to substance detoxification, domestic violence shelter, and assessment for voluntary or involuntary mental health intervention. A coalition of community agencies offers a continuum of services to address the presenting needs of mentally ill and/or chemically addicted homeless persons. The level of provision depends on individual readiness for treatment, understanding of their illness, symptom acuity, cognitive ability, and skill level in managing their illnesses. Team members help homeless individuals and families move into recovery through early identification and engagement services to more intensive, acute services, rehabilitative, and brief or supportive services.

The SMH PATH and Homeless Outreach Teams focus on utilizing a “Housing First” model, but also follow the Critical Time Intervention Model (CTI) as a basis for case management. CTI is a time-limited model for preventing homelessness among persons with severe mental illness. The team uses this model as a basis for case management. This model focuses on services aimed at providing emotional and practical support during the critical time of transition, and by strengthening the individual’s long-term ties to services, family, and friends. This model has been particularly beneficial in working with the chronically homeless population. The Team recognizes that this population has more intensive needs and requires a more comprehensive approach for continuity of care. This approach, as with our outreach and engagement, is part of a progressive effort to incorporate Evidence-Based Practices into our overall program.

Screening and Diagnostic Treatment: The Gains-SS screening tool is required for all persons served by our system of care. It is usually administered at the point of consumer engagement, and the results guide team members and our partner provider agencies in the assessment of the homeless individual’s clinical and social needs. This information is used determine appropriate referrals to clinical services. Ongoing assessments are used to respond to the consumer’s unique and changing needs and circumstances. A plan is developed in cooperation with the homeless individual, the individual’s family, if involved, and others in the community to collaborate on strategies to address the individual’s needs. Team members coordinate with other agencies on transition plans to ensure implementation of strategies and avoid gaps in care.

Community agencies rely on the PATH/Homeless Team to respond to disruptive and symptomatic individuals. Over the past few years, the relationship and communication with Law Enforcement has increased markedly. Often timely responses by the PATH team reduce the burden on law enforcement and crisis response services, and generally result in better and less costly outcomes for both clients and community partners.

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Referrals for Primary Health Care, Job training, and Educational services:

A high number of individuals contacted through outreach have the most severe disorders, have limited access to health care and are often the most reluctant to accept treatment. Team members report that these homeless individuals often engage in behaviors that put their health at risk and living on the streets makes it difficult for homeless people to receive appropriate care. Outreach Staff provide a consistent, caring personal approach in an effort to engage people who are homeless and assist with getting needed benefits and health care. Team members cultivate strong relationships with local health care providers and DSHS staff, who are able to provide this population with health care and entitlement services. In a growing collaboration with local CSO's (Community Service Offices) our staff have been able to develop greater knowledge and assist consumers in filling out paperwork, navigating through the sometimes complicated eligibility requirements. The result has been increased and more rapid eligibility for clients in assistance programs.

The Team assists homeless individuals in accessing mainstream benefits through the initiative of the SOAR program that was developed to move the estimated 10-15% of people with a disabling condition to the entitlement benefits they need. Team members also assist clients to access DVR services which can include attending the orientation meeting with the homeless individual to ensure understanding of the requirements of the program and assist the individual as needed to meet these requirements. Individuals with a mental illness are encouraged to request the Evergreen Employment Services program designed specifically to provide for the unique needs of this population. Access to the SEER program is also facilitated for homeless individuals who seek to obtain their GED or pursue higher education goals as the program provides support and assistance for people with special needs. The Team can also refer homeless individuals who cannot work due to a medical or mental condition and are having difficulty applying for SSDI to Allsup, a company that is designed to assist individuals in navigating the complex social security benefits system.

Mental Health Treatment: Staff cultivates relationships with local agencies that provide primary mental health and co-occurring services to improve accessibility for the homeless individuals we serve. Our staff receives ongoing training for serving persons with mental health and other co-occurring disorders. Staff also works with shelter site staff and other agencies to provide support as part of a collaborative effort to serve homeless individuals.

Alcohol and Drug Treatment: Spokane Addiction and Recovery Centers (SPARC), a certified substance abuse treatment agency, has been contracted to provide the PATH Team with the services of a Chemical Dependency Professional (CDP). Through this partnership, our program offers a broad range of expertise regarding assessment, information, and referral services for co-occurring mental illness and substance abuse disorders to homeless individuals in our community. As many of the individuals served by the team identify themselves as needing chemical dependency services, this staff position has become a vital component of the overall team.

Staff Training: Adequate assessment and referral of persons with serious mental illness or co-occurring disorders is made more difficult by the fact that shelter staff and other providers often lack training in mental health and/or co-occurring disorders. Team members are available to work with community shelter staff and other providers to offer support and education regarding mental illness and chemical dependency. Team

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members are also provided training in the provision of culturally sensitive and competent services, and have access to cultural specialists to assist with training needs for specific populations when needed.

Our team members continue to provide training to local service agencies that have contact with homeless individuals on a regular basis. Outreach sites will include community centers, law enforcement, churches, etc. We anticipate that contact with these agencies will continue to generate referrals for individuals that otherwise we might not meet in the community.

Regular trainings on specific clinical and cultural issues as well as Federal, State, and Community resources provide the team with a solid understanding of current, relevant topics. Weekly group and individual supervision from the Team Lead as well as a licensed mental health professional helps round out staff training to ensure that they are prepared for situations they may encounter.

Case Management: The Team provides a full range of case management services including providing hands on assistance in obtaining income benefits, support and treatment services, housing assistance, obtaining and coordinating social and maintenance services, etc.

The SMH PATH and Homeless Outreach Teams use the Critical Time Intervention Model (CTI) as a basis for case management. CTI is a time-limited model for preventing homelessness among persons with severe mental illness and/or co-occurring substance use. The team uses this evidence based practice because it focuses on services that provide emotional and practical support during the critical time of transition by strengthening the individual's long-term ties to services, family, and friends. This model has been particularly beneficial in working with the chronically homeless population. The Team recognizes that this population has needs that are more intensive and requires a more comprehensive approach for continuity of care.

Housing Services: The Team has adopted the Housing First philosophy and partners with providers that will house individuals quickly followed by supportive case management services to meet their needs.

- c. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Spokane City & Spokane Valley Police, Spokane County Sheriff's Departments: We continue to support local law enforcement's to improve officer awareness of homelessness and mental illness, and to seek collaborative responses when officers are called to engage someone in our homeless community. Our goal is to be available to help law enforcement handle incidents involving homeless, mentally ill consumers and to direct them into treatment instead of incarceration.

As previously noted, communication has been developed to the point currently where we receive calls regularly from officers seeking alternatives to arrest for mentally ill persons. Our staff is also welcomed to share information and inquiries with local agencies. Establishment of mutual understanding and respect enable a working relationship to

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continue to manage potential conflicts and ensure the voice of our homeless citizens is heard without compromising safety.

Goodwill Industries of the Inland Northwest: This organization assists persons with mental and physical disabilities through vocational skills and employment development services. We have expanded linkages with Goodwill staff to improve potential employment and training opportunities for our clients to facilitate their transition from public assistance to independence.

Downtown Business Safety Meetings: Momentum continues in downtown Spokane as business owners and developers continue to seek an improved environment for residents, shoppers, employees, and visitors. In order to create a cleaner, safer downtown for everyone, it remains important for us to be part of the discussion and process to ensure the business community understands the plight of homeless citizens. We encourage them to maintain an ongoing dialog with social service agencies regarding homeless, mental health, drug addiction and panhandling issues that affect downtown.

DSHS: Our PATH Team continues to work closely with local DSHS Community Service Offices to improve client's access to and acquisition of entitlements. We have established a direct link to a DSHS worker that helps expedite individuals into accessing Medicaid benefits that we screen as presumptive Medicaid. This has helped a great deal to reduce the time homeless individuals who carry on with untreated mental illness and health issues.

Community Health Association of Spokane (CHAS): This agency provides primary health services, dental care, and wellness education to Spokane's citizens regardless of ability to pay. PATH Team members regularly communicate with CHAS and other local medical clinics to remain current on services that will support the recovery of homeless individuals.

Churches and Community Centers: A wide variety of churches and community centers throughout the Spokane area continue to utilize our staff to provide education and awareness training and to engage homeless individuals at their sites.

Spokane Homeless Coalition: In addition to monthly attendance at Spokane's regional homeless coalition meetings, our PATH team leader has been the Chair of one of the sub-committees- the Interagency Outreach Committee for over 5 years. All team members attend other Homeless Coalition sub-committees to improve services for our homeless community.

Department of Corrections / Jail Staff: We provide education and awareness training to DOC staff and encourage collaborative interventions for homeless persons involved with the criminal justice system. Team members communicate with jail and corrections staff to understand and address the challenges and limitations faced by individuals upon release from incarceration.

Spokane Mental Health (SMH): Within the overall organization of SMH there are a number of programs that have a working relationship with PATH, serving clients enrolled in the program. They include a variety of outpatient and psychiatric services. Two of the most utilized are the:

PACT Team: Our Program for Assertive Community Treatment Team is a high-intensity, outreach clinical program that enrolls and provides an array of services to individuals who are severely and persistently mentally ill. A majority of the time these clients are homeless and have the disorder of substance abuse or dependence.

Gatekeeper Program: This Evidence-Based Practice provides trainings for various businesses in Spokane, i.e. paramedics, librarians, postal carriers, supermarket clerks, etc. to help them identify vulnerable elders living in the community that may need assistance. This training will help identify homeless persons that would benefit from services, as well as individuals who are high risk for homelessness. Gatekeepers will then contact the team when they have referrals.

One Stop Housing: The Team has regular contact with the coordinator of this site (onestophousing.org) to offer the most up to date access to housing. The mission of One Stop Housing is to connect people of low-income with safe, affordable housing in Spokane County, maximizing the use of available housing. The Team has been asked to be a part of updating the housing locator in the future to assist with its user friendliness and to meet the needs of the homeless community.

Homeless Veterans Outreach: The Team works closely with the Homeless Veterans Outreach program in downtown Spokane. Even though they are an outreach program, they do not leave the office. Since our Team is literally out in the field we can find homeless veterans on the street that would not otherwise venture to their office and assist them in doing so. We communicate and assist the Homeless Veterans Outreach on a regular basis.

- d. Gaps in current service systems: Safe housing is still quite limited for couples, individuals between the ages 18 and 20, and domestic violence victims abused by non-intimate partners. We still have insufficient access to healthcare and prescriptions for low-income or no-income consumers not enrolled in Medicare or Medicaid

- * There are very limited Inpatient services for individuals with co-occurring mental health and substance abuse disorders, and even fewer such resources available for treatment of those without Medicaid funding.
- * Recent cuts in state funding have limited the number of mental health and co-occurring substance use treatment options for many individuals especially those without Medicaid.
- * Recent cuts in state funding have limited the number of housing options for many individuals. The Spokane Housing Authority has had to absorb costs for subsidized units when individuals received reduced income levels. This has in turn reduced the housing authority's ability to offer expanded vouchers and units.

- e. Services available for clients who have both a serious mental illness and substance use disorder: Spokane County providers and local government have continued their efforts to develop services for persons with co-occurring mental illness and substance abuse disorders, with an emphasis on housing. Our COD (Co-Occurring Disorders) Task Force will be working more closely this next year with representatives of our new State Department of Behavioral Health and Recovery (DBHR) to plan and facilitate integration

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of services for COD individuals. Following the IDDT (Integrated Dual Disorder Treatment) Model, an Evidence-Based Practice (EBP) from SAMHSA, we are continuing our work on a comprehensive, community-based plan. The task force is comprised of representatives from treatment and support agencies, criminal justice, local and state government, citizen volunteers, & other stakeholders in the community reflecting cultural and social diversity. We are directly addressing the needs of individual clients, including factors such as developmental disabilities, employment, housing needs, and involvement with the criminal justice system. Spokane County has a working, maximum PACT Team, which is currently serving over 120 severely, mentally ill individuals, most of whom are also homeless and have COD. This clinical team interacts regularly with the PATH and Homeless Outreach programs.

PATH funds provide a Chemical Dependency Professional (CDP) from SPARC, a certified substance abuse agency in partnership with SMH, a community mental health provider. This allows the team to offer a broader range of expertise on co-occurring mental illness and substance use disorders to homeless individuals in our community. The CDP works with the team to locate, meet, and engage persons who are homeless to provide stabilization and transition services to appropriate substance abuse and mental health treatment. The CDP provides onsite alcohol and other drug use screening, education, assistance in the treatment funding eligibility process and team education on the signs and symptoms of substance abuse and dependence.

- f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing): Many landlords will not provide housing to members of the population we serve if those persons are not enrolled in a program that provides case management services. In some cases, we have been able to offer limited supportive case management services for a short time to ensure stable housing for persons who formerly were chronically homeless. This includes Single Resident Occupancy (SRO's), Shelter plus Care, and private apartments. We communicate regularly with local housing providers and utilize the Onestophousing.org housing locator. We have internet access available for clients at our Homeless Resource Center and assist individuals to connect to various websites for housing and download applications. The Team also assists clients with a convenient service at Myscreeningreport.com where they can pay a one time fee and share their background report with any landlord on the web. The benefit for them is that they only have to pay one fee versus a fee for every housing provider they are interested in, that can be very costly and a barrier to accessing housing.
4. Describe the participation of PATH, local providers in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

The Team maintains representation at all levels of the planning process in the Spokane regional continuum of care. We have a strong commitment along with the rest of the nation to assist in the efforts to reduce homelessness by 50% by 2015. In 2005, we participated in the first phase of this planning process that resulted in our regions 10 year plan to end homelessness. This document has since supplemented the action steps and strategies that we have developed that are outlined in the Road Home. Based on the latest data our region has reduced homelessness by 23%.

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A member of the PATH Team attends the monthly Spokane Homeless Coalition meeting, and special Continuum of Care meetings where ideas are shared, current resources are inventoried, and strategies developed and adjusted to meet the needs of the homeless population in our community. In addition to attending monthly Homeless Coalition Meetings, PATH and Homeless Team members serve on various sub-committees of the Coalition. Current Subcommittees include:

Inclement Weather Committee - Our Team Leader was asked by the Director of City Human Services to be one of four reviewers on its panel to make recommendations for new official warming centers. The recommendation was based on site visits and proposal review.

- Interagency Outreach Committee (our Team Leader is the Chair)
- Membership Committee
- Homeless Preference Voucher
- One Day Count
- Hunger/Homelessness Awareness Week
- Temporary Housing Providers Network

The PATH Team, in collaboration with the Homeless Outreach program and our PACT team, has established a good working relationship with all local law enforcement departments to serve the special needs of homeless individuals.

The PATH Team has been a participant in the Spokane City Human Services department HMIS system that includes the number of contacts made by the team, basic demographics, and other basic information. The Spokane PATH program and the City of Spokane Human Services Department work together to provide a total, and an unduplicated count, of homeless persons who are seen on a monthly basis. This information assists in the planning and delivery of services to the homeless population in Spokane County. The team also cooperates to track the number of consumers who need substance abuse and mental health services, the number of consumers who have been referred to services and the number of consumers who have been enrolled in services.

An advisory board provides routine evaluation of PATH Team and the Homeless Team to enhance communication among homeless service providers. The Board is made up of community homeless providers with diverse backgrounds and experience, who provide input and guidance on behalf of consumers, their families, and the community regarding the efforts of the PATH Team. Members meet on an annual basis and have assisted in identifying outcome measures, compiling questions for a homeless survey, and discerning barriers for the homeless in Spokane County. The meetings are open for discussion and feedback is encouraged.

Building community awareness of the homeless and their needs has become a key focus of the team. Ongoing involvement in the efforts of the Homeless Coalition and active input into the Continuum of Care planning are set priorities. Participation in related training and subsequent conduct of this same education with clients, agencies, and stakeholders has also become an important part of team activity. PATH has also participated in the award-winning Homeless Management Information System program (HMIS).

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive

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to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix G: “SAMHSA Guidelines for Cultural Competence.”)

Spokane County, compared to average national figures, has relatively small numbers of residents who are of African-American (1.76%), Hispanic (3.29%), Native American (1.5%), and Asian-American (2.58%) heritage. Nonetheless, providers in our overall system of care work closely with local tribes, Native-based agencies, and other community organizations to assure equitable and culturally appropriate mental health services to people of all ages. In fact, our largest non-native, immigrant group is comprised of over 20,000 individuals who have re-located to this area over the past 20 years from Eastern Europe and the former Soviet Union. Although their community has established a strong and very self-sufficient support system and we have seen very few of its members in the homeless population, we have identified potential services to support treatment and recovery should the need arise.

Members of our PATH Team are trained to be cognizant of differences that could pose possible barriers to effective and appropriate service delivery. Our CDP from SPARC identifies herself as coming from a Hispanic/Native American background and works in the community with CPS, the Local Indian Child Welfare Committee, the American Indian Center, and her employer SPARC to provide cultural competency training. Ensuring staff has the capacity to be sensitive to age, gender, and racial difference of clients begins in the hiring process. Specific attitudes and characteristics are screened with carefully designed interview questions. We also train team members to understand the culture of poverty, with the despair and hopelessness that have been a major part of the lives of many of our clients. A history of criminal justice involvement of the client and/or their family can also be a significant factor in their treatment and support for recovery.

Each member of the PATH Team must demonstrate the core fundamental capacities of warmth, empathy, and genuineness. Behaviors that are congruent with cultural competence can be learned, but underlying the behavior must be an attitudinal set of behavior skills. When these qualities are present, we are confident that our staff has the capacity to learn and utilize further skills of cultural competence in a manner that recognizes values and affirms cultural differences with clients.

Once hired, there are a number of resources available to help Team members to recognize age, gender, and racial/ethnic differences and develop service delivery models, which accommodate them. These include access to Multicultural Services and other skilled population specialists who can provide consultation, training, language interpretation, support, and intervention. Bicultural/bilingual consultants can act as a bridge between ethnic communities and service providers. SMH is the lead agency in Spokane County for cultural consults and also subcontracts interpreter and referral services for people who speak other languages or who are deaf or have hearing impairments. Regular training is provided to ensure staff receives ongoing updates in cultural competence.

Cultural competence, however, requires more than sending staff to periodic trainings or consulting with specialists. We build awareness of these issues into the very fabric of our meetings, clinical discussions, and team values. Because this competence begins with an awareness of one's own cultural beliefs and practices, team members are given opportunities during case staffings to explore their own beliefs and traditions that may underlie prejudgments or biases toward the way consumers think and behave. We believe

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cultural competence is rooted in respect, validation, and openness towards someone with different social and cultural perceptions and expectations than our own.

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

An Advisory Group oversees the activities and development of the PATH team as they provide services to homeless clients. This group provides input for improvements and planning. An additional resource for consumers is Peer Support Specialists, 2.5 of whom are on staff at SMH. Involvement of the consumer and family in program planning, implementation and evaluations are done through community meetings, visits to advocacy groups, and requests for comment on the effectiveness and appropriateness of our services from other homeless providers and the Homeless Advisory Group. Team members understand the importance of including consumer and family voice in service provision. It is critical that consumers and family members are central in the decision making process, and that planning, implementation, and evaluation of services should be a combined effort of the consumer, family and providers. With the consumer's authorization, they contact available family members and arrange meetings with interested parties. Team members arrange meeting space, provide information, and support the consumers and family to initiate planning, implement action plans, evaluate problems, and provide other services.

The Team hosted its 11th annual Winter Wear Drive last year in collaboration with National Hunger and Homelessness awareness week. Every year this event grows and strives to improve over previous years, serving over 250 individuals during the 2010 drive. Each individual was able to walk away with something warm donated from the greater community. A large part of our success this past year was a direct result of the volunteerism from PATH clients in the planning, implementation, and evaluation of this event.

PATH clients routinely assist the Team with organizing donations that come to us from the community at our Homeless Resource Center. The Team encourages clients to assist in other areas that they are comfortable providing help and insight. Periodically PATH clients will share their advice and stories at Homeless Coalition meetings. This year the Team will encourage PATH clients to become a part of the Interagency Outreach agenda where applicable.

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Spokane RSN -- Spokane Mental Health**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PATH Funds	(2) Match	(3)	(4)	
a. Personnel	\$35,821.00				\$35,821.00
b. Fringe Benefits	\$12,537.00				\$12,537.00
c. Travel	\$2,400.00				\$2,400.00
d. Equipment	\$250.00				\$250.00
e. Supplies	\$750.00				\$750.00
f. Contractual	\$46,478.00				\$46,478.00
g. Construction	\$0.00				\$0.00
h. Other	\$7,793.00	\$14,682.00			\$22,475.00
i. Total Direct Charges (sum of 6a - 6h)	\$106,029.00	\$14,682.00			\$120,711.00
j. Indirect Charges		\$21,527.00			\$21,527.00
k. TOTAL (sum of 6i and 6j)	\$106,029.00	\$36,209.00			\$142,238.00

7. Program Income					
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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

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Thurston-Mason RSN Cover Letter



COUNTY COMMISSIONERS
Cathy Wolfe
District One
Sandra Romero
District Two
Karen Valenzuela
District Three

THURSTON MASON
REGIONAL SUPPORT NETWORK

March 08, 2010

Division of Behavioral Health and Recovery
Hank Balderrama
PO Box 45330
Olympia, WA 98504

Dear Mr. Balderrama:

Thurston Mason Regional Support Network is applying to continue as contractor for the PATH program in this area. Services will be subcontracted to Capital Clubhouse which is a licensed Mental Health Clubhouse. All funds received for PATH will be provided to the Clubhouse along with the 34% required match.

All local non-federal match funds will be available at the beginning of the award period and will be sufficient to meet federal requirements.

Thank you for this opportunity. We look forward to continuing to provide services for identified homeless persons who are present in our community. If you need any further information, please feel free to contact me at 360.867.2560 or lysellk@co.thurston.wa.us.

Thank you,

Kristy Lysell
Provider Network Coordinator
Thurston Mason RSN

Section C: Local Provider Intended Use Plans

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

Thurston-Mason RSN is the recipient of the funds and will sub-contract funds to Capital Clubhouse.

Capital Clubhouse is a peer run, non-profit, certified clubhouse organization that has been supporting adults 18 and older with a holistic multicultural approach to mental health recovery for over 22 years. Membership is voluntary and has no time limits.

Capital Clubhouse is a warm friendly non judgmental recovery center with the capacity to provide housing and mental health services to Thurston and Mason County. Capital Clubhouse has cross-system collaborative relationships with BHR, St. Pete's Hospital, and so that referrals are made with ease in order to ensure that people have access to a culturally competent continuum of care. Capital Clubhouse also has built an infrastructure based on community relationships including faith based nonprofit organizations. These relationships allow us to create a holistic recovery oriented treatment plan built on individualized goals with specific, measurable achievable outcomes.

Capital Clubhouse has an active membership of 260 individuals and an overall membership of approximately 2000. In the 2009 homeless census 970 people were counted in Thurston County. There are 900 people who receive unrestricted mail service at Capital Clubhouse. Approximately 200 people a week pick up mail, including packages and checks. The Capital Clubhouse Recovery Center's mail service is the gateway to services provided to people living with chronic homelessness and with severe mental health disorders. Capital Clubhouse has the capacity to serve approximately five hundred people a week through the array of services offered (please see service descriptions below). All of these services are available and provided by trained paid staff and volunteers with firsthand experience in homelessness and mental health recovery.

Capital Clubhouse's capacity to serve the community and its members stems from a passionate well trained board of directors, an executive director who has more than doubled the revenue's of Capital Clubhouse Recovery Center in the last four years (during a poor economy), and highly motivated staff /volunteers who use their life experience and ability to provide technical assistance to people living with chronic homelessness and mental illness. At the same time the executive director and board is laying the groundwork to begin a comprehensive housing project, the

infrastructure and capacity was strategically increased through a series of small grants and private donations moving Capital Clubhouse Recovery Center away from a single source of Regional Service Network revenue and towards a diverse portfolio balanced between public and private donations with very strong linkages to the faith based community.

PATH will join a long list of already successful programs offered at the Clubhouse, including:

- Supported Housing Program
 - Capital Clubhouse's Supported Housing Program provides housing support through rental assistance, ready to rent trainings, housing maintenance, adult living skills through peer support specialists, landlord tenant rights training and waiting list maintenance training.
 - It also provides, locating and placement in short-term (shelters) and long term living arrangements , housing applications, landlord supports and collaboration, locating financial supports for move in costs, home needs(furniture, household goods etc), ongoing case supports (including TBRA vouchers (voluntary)).
- Supported Employment Program
 - Capital Clubhouse's Supported Employment Program provides job skills training, trial work experience, resume assistance, DVR system navigation assistance, benefits planning, transitional employment, supported employment and permanent employment placement.
- Education Program
 - Capital Clubhouse provides educational supports and partners with TACID in Pierce County for the purpose of providing our members with a comprehensive supported education program that includes full tuition and supports for basic education, community college, Evergreen College and the University of Washington
- Wardrobe
 - Capital Clubhouse has a wardrobe that provides clothing to people who have lost items from fire, fleeing from domestic violence, homelessness and we have a large business attire section for people who are returning to the workforce and/or going to a job interview.
- Laundry Vouchers
 - Capital Clubhouse provides laundry vouchers to people who do not have homes with washer/dryer or money to pay for laundry services. By providing a mechanism to get clean clothes and blankets people are able to maintain clean dry bedding and clean clothes.

- Shower Vouchers
 - Capital Clubhouse in partnership with the YMCA provides shower vouchers to people who do not have homes with working plumbing, are homeless and can't afford a gym membership.
- Bus Passes/Transportation
 - Capital Clubhouse provides monthly and individual bus passes so people without transportation can make it to job interviews, doctor's appointments and to the clubhouse. Capital Clubhouse also has a van donated by inner city transit used to take people to social recreation events, interview and housing appointments when they need more support as it is attached to their recovery plan.
- Tents, tarps sleeping bags
 - Capital Clubhouse makes every effort to obtain homes for people in the housing program, temporary and permanent shelter; however, due to innumerable circumstances this not always possible and the next best thing that can be done is to make sure that people have tents, tarps and sleeping bags to bring to their camps.
- Peer Support Recovery Services

Capital Clubhouse employs peer support specialists and has a cadre of peer support specialist volunteers trained to provide peer support to people looking for housing or looking to maintain housing. Peer specialists assist with daily living skills, house maintenance, grocery shopping and other supports to obtain and maintain housing

2. Indicate the amount of federal PATH funds the organization will receive.

Capital Clubhouse will receive \$66,866.00 in PATH funding.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a.1 The projected number of adults clients to be contacted using PATH funds.

This will be the projects first year of operation. The projected number of people to be contacted is estimated conservatively and includes start up time. We project to contact 155 individuals.

a. 2 Projected number of adult clients to be enrolled using PATH funds.

We expect to enroll approximately 40% of people contacted in our first year of operation, or about 61.

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a.3. Percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

We anticipate that approximately 75% of the individuals we serve will be literally homeless.

a.4. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

We expect to provide the following services to people: Outreach and Engagement, Screening and Diagnostic Treatment, Case Management, Mental Health and Substance Abuse Treatment, and Housing Services.

a.5. Strategies that will be used to target PATH funds for street outreach and case management as priority services.

We will be working with homeless services providers in our community, many of whom are located in the downtown Olympia area, and with local mental health centers. We also will work with jails, housing providers and shelters.

a.6. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

CCH doesn't collect and report services to PATH clients through the HMIS standards yet. We are aware that a study is being conducted by state PATH staff to assess current readiness among PATH providers to implement statewide reporting on HMIS standards. Our agency is cooperating with the assessment and will participate in the anticipated implementation plan.

a.7. Indicate whether the provider provides, pays for, or otherwise supports evidenced-based practices and other training for local PATH-funded staff.

Our project is a start up project, so we will be considering more carefully what evidence based practices we may be using in the first year of operation.

a.8. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

This agency currently does not support training for implementation of HMIS training and activities to migrate PATH data into HMIS. Our agency anticipates support from Washington State to conduct training and activities to migrate PATH data into HMIS. We will cooperate with those efforts.

Capital Clubhouse plans to provide coordinated and comprehensive services through their directly available services as well as utilizing services available from an array of multi cultural interagency partnerships dedicated to supporting homelessness, poverty, and recovery for people with mental illness. Capital Clubhouse expects to provide service for at least 200 PATH clients. Of these, it is

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anticipated that 160 or 80% will meet the definition of literally homeless. About 30% of Capital Clubhouse's membership comes to us homeless or at imminent risk of homelessness. Their experiences have given us the opportunity to learn and collaborate with others in the community to address and support issues of homelessness. We are a mail stop to over 900 community individuals that have no permanent address.

The anticipated number of PATH clients to be served was determined by Clubhouse's attendance of approximately 90 individuals a day, 50 members and 40 individuals from the community. Capital Clubhouse will provide the following services directly and through referral:

- Outreach services;
 - Habilitation and rehabilitation services;
 - Mental health services;
 - Alcohol or drug treatment services referrals and a dual diagnosis peer support group;
 - Staff training, including training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
 - Case management services;
 - Supportive and supervisory services in residential settings;
 - Referral for primary health services, job training, educational services, and relevant housing services;
 - Housing services as specified in section 522 (b) (10) of the Public Health Services Act, including: minor renovation, expansion and repair of housing, planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposit, costs associated with matching eligible homeless individuals with appropriate housing situations and one-time rental payments to prevent eviction.
- g. Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;

Capital Clubhouse has formed strong and thriving partnerships with organizations, agencies, coalitions, faith-based communities, individuals, and the business sector in our mission to provide community inclusion and support for those that have a mental health and/or co-occurring disorders and possibly experiencing homelessness or are at risk of imminent homelessness. Partnerships include;

Thurston County Housing Authority partners with Capital Clubhouse Recovery through cross system collaborative efforts through the Thurston County Housing

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Continuum of Care Committee Center by providing access to housing vouchers, access to HATCH owned housing units

Salvation Army provides access to emergency shelter for men and provides Capital Clubhouse members with a housing and savings plan as well as assists with housing searches.

Family Support Center partners with CCHRC's members and PATH recipient's by providing access to emergency shelter and housing (women and families).

Community Youth Services partners with CCHRC's young adult program and has incorporated the young adult rental readiness program JUMP! into their RISE program. Young adults from CCHRC trained sixteen trainers for the purpose of training youth in financial management and rental readiness.

Catholic Community Services, Arbor Manor, Out of the Woods, Family Shelter, Camp Quixote Bread and Roses, and Drexel House are all partners with CCHRC that sit together on the Thurston County Homeless to Housing Taskforce and collaborate on housing first policy, the ten year plan to end homelessness and other important housing concerns.

Choice Regional Health Network, Behavioral Health Resources (BHR), St Peters Inpatient Services, St Peters Outpatient and Older Adult Services, Sea Mar Clinic all partner with CCHRC and are listed as resources in members and PATH client's recovery plans. They provide respectively, access to health insurance, mental health treatment, chemical dependency treatment and access to the PATH program for those who are homeless.

Thurston/Lewis/Mason County Veterans Administration partners with CCHRC by providing a network of resources to Veteran's of foreign wars and current returning Vet's. CCHRC disseminates information for the VA and brings resources to the attention of members and PATH eligible recipients and CCHRC is starting a Veteran's Recovery group for Vets who have or are experiencing homelessness and mental illness ran by one of our members who is a Vet that has lived experience in these areas.

NAMI Thurston Mason and CCHRC are long time partners working together to fight stigma of mental illness and end homelessness. The Executive Director of CCHRC serves on the board of directors of NAMI TM. NAMI TM sponsored a Mental Health First Aid training which educated 25 members of the community in the faith and medical field on how to identify and assist persons with mental illness during times of crisis.

Union Gospel Mission, United Ministries, Interfaith, St. Michaels Church of the Living Water are all a part of CCHRC's faith based network where we partner in many ways including housing and rental assistance, clothing/in kind

donations. In return, CCHRC provides education and training on mental illness and homelessness. CCHRC has similar partnerships with Service Organizations including the Homeless to Housing Task Force, Home Consortium, State Mental Health Housing Consortium, Mason Matters, and BNi Business Network International.

h. gaps in current service systems;

Shelters are in many cases not a viable option to individuals who are experiencing mental health/substance use issues. Each reason to not use emergency shelter is personal. It varies from fear of people and small places, to insomnia, to time loss during the day possibly due to substance abuse or mental illness resulting in an inability to be somewhere at a certain time.

While we partner with Salvation Army, St Michael overflow and cold weather shelters many of the people we support are unable or unwilling to utilize the shelter system for both personal and agency reasons. Also due to the short time that an individual can stay at a shelter, the revolving door system it creates (shelter, street, shelter, street) can be traumatizing to those that experience it. This trauma is a gap that needs addressing.

The rental capacity in Thurston County could support increased housing to those that are homeless; this is less true in Mason County. The high cost of rentals, lack of rental assistance dollars combined with the barriers of low income, mental health and substance use issues, rental and incarceration histories, creates barriers for individuals to successfully gain housing on their own. There's not a trained cadre of people able to provide supportive housing services that could assist individuals with overcoming the barriers helping them to stay in their homes; this is a gap that needs to be addressed.

CCHRC will address the above mentioned gap of the revolving door (shelter street shelter) by identifying people who are in this cycle and if they are eligible for the PATH services we will assist them through intensive outreach identifying their needs and assisting them in obtaining permanent housing. People who have fallen into this gap will be eligible for a six week ready to rent training class or a three week Young adult JUMP! rental readiness class for young adults. The specific results of the combination of intensive outreach and rental readiness training will be to educate people in this cycle on how to obtain and keep housing and to educate them on financial management and the basics of home upkeep.

There currently is no other training in the community on how to obtain, maintain and leave a rental property. CCHRC has a license to provide this type of ready to rent training for adults. It is a comprehensive 6 week training that incorporates financial management, landlord tenant rights, apartment maintenance, discrimination education, and more in order to prepare someone to begin renting a home for the first time or a refresher for those who haven't rented in a long

time. A key component to this course is financial and includes credit review and credit repair.

This training is taken with several peer support specialists who are available to assist anyone who needs it and there are two curriculums available; both are based on an individual's education level. The outcome goal is to provide all eligible PATH participants an opportunity to receive ready to rent training so they have better knowledge and understanding of what is required to rent a property in Thurston and Mason Counties.

CCHRC will be addressing housing gaps throughout the entire PATH project with the specific intent of finding people permanent homes. However, we will put an emphasis on creating landlord/tenant partnerships for individuals with felonies or criminal records older than five years. Through these partnerships a system will be created that will identify people with an incarceration barrier and allow them to rent through a voluntary affidavit process that will provide more information to landlords. The affidavit will contain a statement from an employer about the character and work of the individual and a statement from CCHRC stating that the individual is in good standing with CCHRC and has met all the requirements to be eligible for the PATH program. This individual will also have a readiness to rent certificate. The individual will then write their own statement of what occurred and what they have done to repair their lives since then that would make them a good tenant.

Through our front work in developing relationships with landlords and the ready to rent training, we create a compromise between landlord/tenant for individuals with certain felonies. CCHRC creates relationships with landlords by offering assistance with tenants that may need mental health treatment and by providing free Mental Health First Aid trainings to landlords. If a landlord feels that one of CCHRC members or TBRA voucher holder needs assistance, the landlord knows they can call us for assistance and will receive a rapid response.

CCHRC already has this type of partnership with Capital Club Apartments and through this partnership they have learned to trust our judgment and are amenable to recommendations regarding tenancy. They have seven other properties in the Olympia area that have now become open to us because of our relationship building.

- i. services available for clients who have both a serious mental illness and substance use disorder;

Capital Clubhouse has an extensive ability to provide outreach to people with dual diagnosis. When we do a CCHRC membership intake, a process which includes a member packet and personal orientation to the Clubhouse, individuals are often reluctant to articulate their current and emerging needs for substance use treatment and mental health treatment. The assigned staff and peer support

specialist develops a trusting relationship in order to help determine what a member and/or PATH eligible person would need. Outreach is achieved through one on one interaction between peers and people needing assistance. Engagement occurs by trained staff and volunteer peer support specialists understanding the concerns, hopes and dreams of an individual through goal setting and progress markers creating a road map to recovery. If this map includes dual diagnosis treatment then they are referred to our in house co-occurring disorders group. If more intensive outreach is needed then we refer to our above mentioned partners including BHR or St Pete's Hospital. If they have not successfully treated at least one inpatient treatment stay then they become eligible for the only true dual diagnosis inpatient available to us which is Pioneer Center North.

One of the most unique aspects of having the PATH grant at CCHRC is the opportunity for friendship. People who have mental illness and chemical dependency report a feeling of being alone and isolated and CCHRC is a place where an individual can come to get natural supports.

Along with the extensive above mentioned partnerships, CCHRC has a dual diagnosis self-help group every Thursday ran by two staff members one is a masters level social worker and the other is a chemical dependency counselor. The group provides a safe place where people can discuss the challenges of dual diagnosis with peers and strategize solutions to life's everyday problems.

- j. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing);

The type of housing available is limited and varies, but traditionally is scattered housing in local apartment complexes, where CCHRC has successfully already built landlord/tenant relationships. CCHRC identifies potential housing opportunities and works towards building those relationships, some examples are Capital Club Apartments, Evergreen Vista Apartments, Heritage Park Apartments, and others.

With that, CCHRC recognizes that each individuals needs are unique and CCHRC will assist those individuals the supports they need in gaining benefits, references and referrals, access to treatments, and any supports needed to achieve the goal of permanent housing through ongoing case management.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

In order to stay current on the latest housing trends, funding availability, and housing policies, CCHRC serves on the local continuum of care and has firsthand knowledge of housing opportunities as they become available. Being part of the Continuum of

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Care includes being a member of the Thurston County Homeless to Housing Task Force and Thurston Home Consortium Community Committee, where system change, housing first, and legislative issues are discussed and acted upon. CCHRC executive director has chaired the Housing Task Force since 2010 providing leadership and partnership to the committee members and community including, the Community Action Council, City of Olympia, Children Youth Services, St. Michael's, Interfaith and City Gates. CCHRC also serves on the State Mental Health Housing Consortium and is a member of the Pacific Northwest Regional Council-National Association of Housing and Redevelopment Officials-Affiliates.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See the RFA Appendix: "SAMHSA Guidelines for Cultural Competence.")

Demographic	Percentage Served
Asian	1%
Pacific Islander	1%
Black or African American	7%
American Indian Alaska Native	3%
Unknown	7%
Hispanic or Latino	2%
Caucasian	75%
75 and Older	Less than 1%
Age 35 – 49	45%
Age 50 – 64	27%
Age 18 – 34	27%
Male	70%
Female	30%
Veteran Status	14%

All Capital Clubhouse staff are trained yearly in Cultural Competency including the culture of homelessness, Recovery model, First Aid (physical and mental health), and on a staggered schedule, peer specialist training, and motivational interviewing. The current staff represents the population they will serve with firsthand experience in mental health and homelessness. To further the knowledge of CCHRC staff and volunteers, we have recently contacted Anita Jones, formerly from the WA State Diversity Affairs Office, to provide ongoing trainings in Cultural and Linguistic competency. Stephanie Lane the identified PATH Project Manager has extensive background in cultural and linguistic competency and served on the Ethnic Minority subcommittee for the Mental Health Planning and Advisory Committee as a liaison to the Governor's Mental Health Transformation Project. CCHRC, has also offered one of the current PATH staff at BHR a position at CCHRC starting this fall.

Washington State 2011 PATH Application
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Staffing Chart:

Name of staff	Lived Experience	Age/gender	Ethnicity
Stephanie lane MSW – PATH Manager	Dual Diagnosis and homelessness	39/F	Caucasian
Shane Moore – Project Staff	Dual diagnosis and homelessness, domestic violence and being homeless with children	27/F	Caucasian
Jennifer Collier- Homeless to housing specialist	Habitat for humanity home recipient, homelessness and mental health	32/F	Caucasian
Mark Blaker- Peer Support Specialist	Lives in camp Quioxe been clean and sober for six years understands the complexities of dual diagnosis and homelessness	45/M	Native American
Peer Support Specialist - Vacant			

6. Describe how people who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? (See the RFA for details.)

CCHRC's housing unit is forming a PATH advisory board that will provide oversight and assist in the continuous quality improvement in administrating the PATH program. Family members, PATH participants and community member stakeholders will be invited to join. The two main tasks of this advisory board will be to, 1) Provide continuous oversight ensuring that the project is being administrated properly, and 2)

Create an evaluation tool that will measure performance in cultural and linguistic competency, successful benchmarks, overall success of the program, and family and PATH participant involvement in the planning and implementation of the PATH program.

The PATH Advisory board will meet once a month for the first six months and decide how often they will meet after that as a group. CCHRC will ensure a diverse representation of advisory board members by reaching out to diverse stakeholders with special emphasis on populations that are not represented in the staffing including ethnic and GLBTQ populations. Cultural competency is a core value in CCHRC and we are constantly improving and growing in this area. The advisory board will ensure community support and input while providing guidance and oversight to this project.

**Washington State PATH Application 2011
Thurston/Mason -- Capital Clubhouse**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) PATH Funds	(2) Match	(3)	(4)		
a. Personnel	\$47,840.00	\$8,922.00			\$56,762	
b. Fringe Benefits	\$2,000.00	\$6,000.00			\$6,000	
c. Travel	\$1,000.00	\$229.00			\$1,229	
d. Equipment	\$250.00				\$250	
e. Supplies	\$985.00				\$985	
f. Contractual	\$4,822.00				\$4,822	
g. Construction					\$0	
h. Other	\$7,000	\$4,000.00			\$13,294	
i. Total Direct Charges (sum of 6a - 6h)	\$63,897.00	\$19,151.00	\$0	\$0	\$83,342	
j. Indirect Charges	\$2,675.00	\$3,584.00			\$6,259	
k. TOTAL (sum of 6i and 6j)	\$66,572.00	\$22,735.00	\$0	\$0	\$89,601	
7. Program Income						

Washington State 2011 PATH Application
Thurston-Mason RSN SF-424 2011

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.						
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)						
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal						
14. Non-Federal						
15. TOTAL (sum of lines 13 and 14)						
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16.						
17.						
18.						
19.						
20. TOTALS (sum of lines 16-19)						
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks						

Budget Narrative to accompany the SF-424 Budget Sheet

a. Personnel

This amount covers the salary of two .5 FTE peer specialists and 1.0 FTE outreach worker. The outreach position will be held by a mental health professional with at least eight years of experience in providing outreach services to homeless mentally ill individuals who may also have co-occurring chemical addiction issues. The peer specialist positions will be held by individuals who have experience with one or more of the following; mental health, homelessness, and/or co-occurring chemical addiction issues.

b. Fringe Benefits

This category provides the full range of employee benefits for the outreach specialist including vacation, sick leave, and medical and dental care.

c. Travel

The outreach worker/peer specialists are reimbursed for PATH related travel in their own vehicles using IRS allowance for mileage. Travel is reimbursed for travel throughout Thurston and Mason counties and for attendance at meetings and conferences.

d. Equipment

The federal portion of this line item is required for the Palm Pilot equipment or the device that will replace the palm pilot.

e. Supplies

Supplies include expendable office supplies needed by the outreach worker to provide the program, to document services, and to maintain records required by the agency as well as cell phones for safety purposes.

f. Contractual

This line item is the specific amount budgeted for Northwest Resource Associates for data collection services.

h. Other

This line item includes rent expense assistance \$2,000; housing deposit \$2,000; housing move in or retention \$2,000; and background check fees, and bus passes for PATH clients \$1,000.

j. Indirect Charges

The administrative costs of this program are assigned to this category. This also includes any expenses such as; office space, liability insurance, and utilities. The amount budgeted is 4% of the total budget which is allowed by federal requirements.

Match Requirements

The match amounts shown in this budget are all local cash funds. There are no in-kind match funds included.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

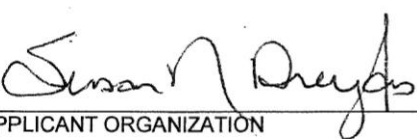
As the duly authorized representative of the applicant I certify that the applicant:

Washington State 2011 PATH Application Assurances

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

Washington State 2011 PATH Application Assurances

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE	
		SECRETARY	
APPLICANT ORGANIZATION		DATE SUBMITTED	
WA STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES		5/19/11	

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged
- (d) Notifying the employee in the statement required by paragraph (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

Washington State 2011 PATH Application

Appendix B - Certifications

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management

Office of Grants Management

Office of the Assistant Secretary for Management and Budget

Department of Health and Human Services

200 Independence Avenue, S.W., Room 517-D

Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

Washington State 2011 PATH Application
Appendix B - Certifications

**5. CERTIFICATION REGARDING
ENVIRONMENTAL TOBACCO SMOKE**


Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	SECRETARY
APPLICANT ORGANIZATION	DATE SUBMITTED
WA STATE DEPT OF SOCIAL AND HEALTH SERVICES	5/19/11

AGREEMENTS

FISCAL YEAR 2011

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State of Washington
agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who

- a) are suffering from serious mental illness; or (b) are suffering from serious mental illness and have a substance use disorders; and
- b) are homeless or at imminent risk of becoming homeless.

Section 522 (b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

1. outreach;
2. screening and diagnostic treatment;
3. habilitation and rehabilitation;
4. community mental health;
5. alcohol or drug treatment;
6. staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
7. case management services, including
 - a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months.
 - b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing

Washington State 2011 PATH Application
Agreements

- c) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d) referring the eligible homeless individual for such other services as may be appropriate; and
 - e) providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- 8. supportive and supervisory services in residential settings;
 - 9. referrals for primary health services, job training, education services and relevant housing services;
 - 10. housing services [subject to Section 522(h) (1)] including
 - a) minor renovation, expansion, and repair of housing;
 - b) planning of housing;
 - c) technical assistance in applying for housing assistance;
 - d) improving the coordination of housing services;
 - e) security deposits;
 - f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - g) one-time rental payments to prevent eviction.
 - h) other appropriate services, as determined by the Secretary.

Section 522 (c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522 (d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

- 1. has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- 2. has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Washington State 2011 PATH Application
Agreements

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

1. not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and
2. the payments will not be expended
 - a) to support emergency shelters or construction of housing facilities;
 - b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - c) to make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement

- xviii. identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- xix. containing a plan for providing services and housing to eligible homeless individuals, which;
 - a) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - b) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- xx. describing the source of the non-Federal contributions described in Section 523;
- xxi. containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- xxii. describing any voucher system that may be used to carry out this part; and

Washington State 2011 PATH Application
Agreements

- xxiii. containing such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. This description

- xxiv. identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- xxv. provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a) (4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c) (1) (2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2010, prepare and submit a report providing such information as is necessary for

1. securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2010 and of the recipients of such amounts; and
2. determining whether such amounts were expended in accordance with the provisions of Part C - PATH.

Section 528(b).

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

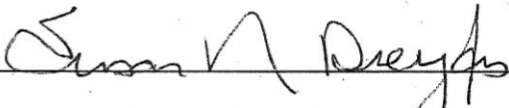
Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Washington State 2011 PATH Application
Agreements

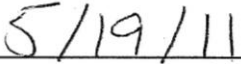
State agrees to send a representative to any annual or biennial meetings of State
PATH Contacts.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental
Health Services Administration's (SAMHSA) Charitable Choice statutes codified
at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C.
§§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part
54 and 54a respectively.

A handwritten signature in cursive script, appearing to read "Susan N. Dreyfus", is written over a horizontal line.

Governor's Designee, Susan N. Dreyfus, DSHS Secretary

A handwritten date "5/19/11" is written over a horizontal line.

Date

Washington State 2011 PATH Application
Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency: 	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$ _____	
10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i> 	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> 	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u> N/A </u> Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Washington State 2011 PATH Application Checklist

OMB Approval No. 0920-0428

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☐ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | Included | NOT Applicable |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. | <input checked="" type="checkbox"/> | |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) | <input checked="" type="checkbox"/> | |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) | | |
| 5. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | YES | NOT Applicable |
|---|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been attached, when required | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month detailed budget been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Name David A. Dickinson
Title Division Director
Organization DSHS Div. of B H & Recovery
Address Box 45330, Olympia, WA 98504
E-mail Address dickida@dshs.wa.gov
Telephone Number (360) 725-3770
Fax Number (360) 586-9551

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)
96-2124509

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name C.H. Hank Balderrama
Title State PATH Contact
Organization DSHS Div. of B H & Recovery
Address Box 45330, Olympia, WA 98504
E-mail Address baldech@dshs.wa.gov
Telephone Number (360) 725-1736
Fax Number (360) 725-9960

SOCIAL SECURITY NUMBER

N/A

HIGHEST DEGREE EARNED

MSW

Washington State 2011 PATH Application Checklist

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

PATH Program Definitions
Based on National Administrative Work Group Recommendations

Alcohol or drug treatment services: Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Assisted Referral: A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities being conducted by the program on behalf of or in conjunction with the consumer (if some, but not all, of these activities were conducted it does not count as a complete assisted referral):

- Assisting the consumer in obtaining the application, AND
- Assisting the consumer in obtaining the appropriate supporting documentation, AND
- Assisting the consumer with completion of the application, AND
- Assisting the consumer in filing the application with the appropriate agency or organization (business if employment)

- OR Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the application has been successfully filed by the consumer.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Attainment: The PATH provider confirms that the client attained the indicated service through client self report or confirmation by other Providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH Providers are not required to obtain written documentation from another provider to confirm attainment.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Case management services: Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing and/or care of individuals, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Chronically Homeless: Individuals who have been in shelters for 12 months or more or people who have been episodically homeless (four or more times in a three year period).

Policy Issues and Program Operations (AWG 2004) NOTE: This is one of two definitions currently being reviewed by the AWG. It is subject to change once a final recommendation is made by that work group.

Community mental health services: Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category **does not include** case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Co-Occurring Substance Use Disorders: Individuals experiencing substance use disorders *only* are not eligible for PATH services. However, PATH providers are expected to serve individuals with co-occurring substance use disorders and provide documentation of this in the PATH Annual Report. The designation of a co-occurring disorder would occur when the worker, and in some cases the consumer, believes that the consumer is in a period of active use that affects his/her functioning *or* recovery from substance use and continues to require support. This definition does not require the consumer to be in treatment. Providers are encouraged to engage in a dialogue with the consumer to gain consensus on this determination.

National Definitions (AWG, 2009)

Costs associated with matching eligible homeless individuals with appropriate housing situations: Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Earned Income: See *employment*

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Eligibility: Once an individual is determined to meet the homeless or at risk of homelessness criteria *and* the mental health or co-occurring criteria, they are determined to be PATH Eligible.

National Definitions (AWG, 2009)

Enrollment: PATH Enrollment implies that there is the intent to provide services for an individual other than those provided in the outreach setting. The term enrolled means that there is a mutual intent for the services to begin. PATH Enrollment is when:

- 1) The individual has been determined to be "PATH Eligible",

Appendix A
National Definitions

- 2) The individual and the PATH provider have reached a point of engagement where there is a mutual agreement that “services” will be provided, and
- 3) The PATH provider has started an individual file or record for the individual that includes at a minimum:
 - a. Basic demographic information needed for reporting,
 - b. Documentation by the provider of the determination of PATH Eligibility,
 - c. Documentation by the provider of the mutual agreement for the provision of services, and
 - d. Documentation of services provided.

Although the goal of the PATH program is to assist individuals in accessing mental health services and housing, services that begin the PATH Enrolled relationship can be any service, assistance, or provision of resources that the individual is willing to accept or any mutual work that the individual identifies as important. PATH does not require that a service plan be developed unless case management services are part of the services provided to the individual. PATH providers are expected to document all services and the outcomes in an individual file.

National Definitions (AWG, 2009)

Employment: Employment is any instance where services are performed that is subject to the will and control of an employer and for which wages are received by the worker. This definition of employment is not limited to full, part or seasonal employment, a minimum number of hours worked per week, or the availability of benefits.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Employment Services: Services designed to assist consumers with obtaining employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Engagement: PATH staff attempt to persuade eligible individuals to accept ongoing or more intensive services.

Voluntary Performance Goals (VPG) Draft Implementation Guidelines (AWG 2003)

NOTE: This is one of two definitions currently being reviewed by the AWG. It is subject to change once a final recommendation is made by that work group.

Exemplary practices: Activities that are evidence-based, are considered promising practices, are unique or creative responses to specific conditions are successful in bridging gaps or meeting unmet need, or any other exemplary set of actions that can be identified and observed. States are encouraged to point out exemplary practices that the site visit teams might miss without guidance.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Habilitation and rehabilitation services: Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorder.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Homeless Individual: According to the McKinney-Vento Homeless Assistance Act, 42USC11302], General Definition of Homeless Individual [*Section 103 of the Act], a homeless individual lacks a fixed, regular, and adequate nighttime residence, or has a primary nighttime residence that is: in a supervised publicly or privately operated shelter for temporary accommodations, an institution providing temporary residence for individuals intended to be institutionalized, or A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Housing Services: Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. For each enter the number of PATH Enrolled consumers who benefited from or received the service. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.
Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Imminent Risk: Definitions of imminent risk for homelessness commonly include one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live. In addition to the criteria above, persons who live in substandard conditions are, by definition *at risk* of homelessness, due to local code enforcement, police action, voluntary action by the person, or inducements by service providers to go to alternatives like short-term shelters whose residents are considered to be homeless. There is not a recommended time-frame for imminence as individual state eviction laws vary in time and process.
National Definitions (AWG, 2009)

Improving the coordination of housing services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Income Benefits: Income supports that are not earned income (wages), non-cash benefits (food stamps/Supplemental Nutrition Assistance Program (SNAP), etc), or temporary financial assistance (security deposits, rental assistance, utility or energy assistance). Income supports are financial supports that can be used at the consumer's discretion and are not limited to specific uses. Examples include SSI, SSDI, TANF, and pensions.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Literal Homelessness: Per the PATH legislation, “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing”.

National Definitions (AWG, 2009)

Mainstream Services: Programs and resources that are available to consumers with an understanding that they will be able to remain available to the consumer after their transition out of homelessness. The PATH program encourages a focus on sustainable mental health services and housing. Other mainstream services of importance are services that provide health care, employment/vocational training, community connection, support, and resources for daily needs.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Medical Insurance Program: A program designed to provide medical insurance and/or medical co-pay assistance.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Minor renovation, expansion, and repair of housing: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

One-time rental payments to prevent eviction: One-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for this service on the basis of income or need.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Outreach Services: The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.

- Outreach may also include “inreach,” defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Planning of Housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Primary Medical Care: Medical care that is overseen by a licensed medical primary care provider.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Referrals for primary health services, job training, educational services and relevant housing services: Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH Providers.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Serious Mental Illness

PATH providers may determine individuals as meeting the Serious Mental Illness criteria if there is an informed presumption that the individual:

- is experiencing or displaying symptoms of mental illness and is experiencing difficulty in functioning as a result of these symptoms that indicates severity, and
- has shared or has a known history of engagement with mental health services OR has symptoms and functioning that indicates there is a history of or expected tenure of significant mental health concerns, and
- is of appropriate age to be diagnosed with a Serious Mental Illness, where transition-age youth may be eligible. This determination should reflect and be consistent with the state’s definition of Serious Mental Illness.

National Definitions (AWG, 2009)

Screening and diagnostic treatment services: A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Security deposits: Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month’s rent or other security deposits required to move in.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Staff training: Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse

programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Supportive and supervisory services in residential settings: Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Technical assistance in applying for housing assistance: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

Annual Report Instructions (2009)/Services Definitions (AWG 2005)

Transition to mainstream services: Individuals enrolled in PATH make a formal change to housing and services funded through programs such as Section 8, Medicaid, public health, MH/SA Block Grant, etc.

Voluntary Performance Goals (VPG) Draft Implementation Guidelines (AWG 2003)

Youth: Transition age youth who are homeless or at-risk of homelessness, have serious mental illness, and who are otherwise considered adults, e.g. emancipated youth, may be PATH Enrolled. Youth who are still eligible for other protective or human services may be served by PATH in the outreach setting, and when appropriate enrolled, for the sole purpose of engaging the human services agencies, mental health services, or the education system to serve them. The goal of PATH enrollment is to advocate for the youth in accessing the services available to them and prevent them from falling through the cracks. Serving youth who are minors solely in PATH without the purpose of rapidly, safely, and effectively connecting them to the mainstream child services system is not recommended for PATH programs.

National Definitions (AWG, 2009)

Appendix B
Community Outpatient Services Non-Medicaid

**Community Outpatient Services
Non-Medicaid Served by RSN**

RSN	Served	FY-2006 Population	Rate	Served	FY-2007 Population	Rate	Served	FY-2008 Population	Rate	PATH Grant
King	8,864	1,835,525	0.50%	9,063	1,861,300	0.50%	8,617	1,861,300	0.50%	Yes
North Sound	4,286	1,062,099	0.40%	4,107	1,084,200	0.40%	4,063	1,084,200	0.40%	Yes
Pierce	5,809	773,563	0.80%	6,067	790,500	0.80%	3,470	790,500	0.40%	Yes
Greater Columbia	4,920	652,247	0.80%	4,803	662,150	0.70%	5,378	662,150	0.80%	Yes
Spokane	1,876	443,820	0.40%	2,256	451,200	0.50%	2,366	451,200	0.50%	Yes
Clark	1,907	403,493	0.50%	1,926	415,000	0.50%	1,933	415,000	0.50%	
Peninsula	3,126	339,430	0.90%	3,423	341,900	1.00%	3,308	341,900	1.00%	Yes
Thurston/Mason	1,581	284,211	0.60%	1,832	292,600	0.60%	1,898	292,600	0.60%	Yes
North Central	1,096	137,600	0.80%	1,684	139,900	1.20%	1,872	139,900	1.30%	
Chelan/Douglas	623	105,732	0.60%	625	107,500	0.60%	586	107,500	0.50%	
Timberlands	977	98,290	1.00%	1119	99,700	1.10%	1183	99,700	1.20%	
Southwest	1,352	96,795	1.40%	1,715	97,800	1.80%	2,455	97,800	2.50%	Yes
Northeast	461	72,113	0.60%	194	73,450	0.30%	0	73,450		
Grays Harbor	545	70,402	0.80%	617	70,800	0.90%	631	70,800	0.90%	
Statewide	36,878	6,375,321	0.60%	38,753	6,488,000	0.60%	37,287	6,488,000	0.60%	

Generated by WA Mental Health Performance Indicator System on April 22, 2009.

Homeless People Served By Regional Support Network

RSN	Homeless	FY-2006 Served	%	Homeless	FY-2007 Served	%	Homeless	FY-2008 Served	%	PATH Grant
King	3392	23,781	14.30%	3505	23,643	14.80%	3541	23,832	14.90%	Yes
Greater Columbia	517	10,987	4.70%	484	10,795	4.50%	676	11,674	5.80%	Yes
North Sound	669	10,443	6.40%	691	9,695	7.10%	753	9,893	7.60%	Yes
Pierce	1,093	10,090	10.80%	1,063	10,120	10.50%	555	6,767	8.20%	Yes
Peninsula	369	6,034	6.10%	362	6,142	5.90%	352	6,367	5.50%	Yes
Spokane	367	5,967	6.20%	314	6,066	5.20%	392	6,257	6.30%	
Thurston/ Mason	238	3,750	6.30%	289	3,974	7.30%	337	4,436	7.60%	Yes
Clark	259	4,750	5.50%	189	4,667	4.00%	194	4,360	4.40%	Yes
Southwest	113	2,665	4.20%	102	2,938	3.50%	115	3,821	3.00%	
North Central	41	2,096	2.00%	60	3,155	1.90%	41	3,446	1.20%	
Timberlands	104	2,128	4.90%	102	2,317	4.40%	93	2,359	3.90%	
Grays Harbor	47	1,517	3.10%	57	1,552	3.70%	61	1,539	4.00%	Yes
Chelan/ Douglas	108	1,325	8.20%	157	1,314	11.90%	123	1,317	9.30%	
Northeast	30	1,047	2.90%	9	531	1.70%	0	0	.	
Statewide	6,758	84,585	8.00%	6,841	84,843	8.10%	6,748	84,371	8.00%	

Generated by WA Mental Health Performance Indicator System on April 22, 2009.